

## TELECOMMUTING AGREEMENT

I have read and understand the attached Telecommuting Policy, and agree to the duties, obligations, responsibilities and conditions for telecommuters described therein.

I agree that, among other things, I am responsible for establishing specific telecommuting work hours, furnishing and maintaining my remote work area in a safe manner, employing appropriate telecommuting security measures and protecting State of Delaware assets, information, and systems. I take full financial responsibility for any cost incurred as a result of the telecommuting. I also understand and have completed Section B of this document, identifying my telecommuting schedule and accountability agreement.

I understand that telecommuting is voluntary and I may stop telecommuting at any time. I also understand that management may at any time change any or all of the conditions under which I am permitted to telecommute, or withdraw permission to telecommute. This agreement is effective through \_\_\_\_\_.

Date	Employee Signature/Printed Name
Date	Manager Signature
Date	Division Director Signature

**TELECOMMUTING AGREEMENT**

**Section B**

Remote work location:

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City  
Zip

\_\_\_\_\_  
State

Description of work location: \_\_\_\_\_  
\_\_\_\_\_

Telecommuting Schedule:

Regular telecommuting workday: \_\_\_\_\_

Regular telecommuting work hours: \_\_\_\_\_

Systems to be accessed from remote work location:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Equipment and software to be accessed from remote work location (agreement implies  
Employee has or will have required access before telecommuting begins):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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Manager-Employee Accountability Agreement (performance measurement):

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Comments:

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