



MITE QuickStart Agreement for Telework

This QuickStart tool can help managers and teleworkers to mutually determine and agree upon effective telework arrangements. It addresses the major policy areas involved in implementing telework, such as employment law, safety and technology use. Your organization may have existing policies that govern the stipulations of the QuickStart Agreement.

Please note: This document cannot be used or sold for commercial purposes. It can be adapted specifically to the needs of the company and teleworker.

Definition

Telework is the practice of working from home or at another remote site, offered to some employees in cases in which it would benefit both the organization and the employee.

Teleworker Selection

Telework is not a universal employee benefit, but rather an alternative method of meeting the needs of the company. It is a privilege and therefore may not be a work option that is offered to all employees.

An employee that is interested in telework arrangements must discuss the option with his or her supervisor. Both parties must mutually define and agree to employer and employee responsibilities, taking into account: eligibility guidelines, and the needs of the supervisor, workgroup and customers.

To be eligible for telework, an employee must exhibit the following characteristics. Prospective teleworkers and their managers should review the criteria below, discuss the employee's qualifications, and determine the fit of telework to the employee's job tasks.

- Maintains an average or above average performance rating
- Completes work projects on time with minimal supervision
- Communicates well with supervisor(s), co-workers, and customers
- Expresses needs objectively and develop solutions
- Is knowledgeable about the organization's policies and procedures
- Establishes priorities and works independently
- Technically proficient with the technology related to job requirements.
- Maintains levels of service to customers.
- Has "regular employee" status
- Has not abused vacation or sick leave
- Is sensitive to the effect additional work due to telework might have on co-workers
- Is adaptable and flexible to changing routines and environments

Telework Agreement

Employee Name: _____ Date: _____

Telework Address _____

City: _____ State: _____ Zip: _____

Work Schedule

The teleworker will undertake telework on a ___(regular) or ___(as needed) basis. Scheduling changes may be made at the discretion of the manager. The employee will notify manager on a daily basis if unable to perform telework duties. The work schedule by pay period is:

| HOURS | Mon. | Tues. | Wed. | Thurs. | Fri. | Mon. | Tues. | Wed. | Thurs. | Fri. |
|-----------------|------|-------|------|--------|------|------|-------|------|--------|------|
| Office Worksite | | | | | | | | | | |
| Telework Site | | | | | | | | | | |

Telework Terms and Conditions

- I agree to perform services for the company as a teleworker; and understand that teleworking is a work alternative that may be approved, modified or terminated by my supervisor or manager at any time when, in their judgment, it affects service to customers or the operation of the business. By agreeing to telework, I agree that the telework arrangement may cease and I have the option to return to my former in-office work pattern if telework is not conducive to meeting the business needs.
- I agree that my duties, obligations, responsibilities and conditions of employment remain unchanged, and that my salary, retirement, benefits, and insurance coverage remain unchanged and are not affected by telework.
- I agree that my work hours, overtime compensation, if any, vacation, sick leave, and other terms and conditions of employment will conform to the current collective bargaining agreement or personnel policy as applicable, and meet the terms agreed upon with my supervisor.
- I agree to develop an effective communications strategy with my supervisor, including required meetings at my organization, and will follow that strategy throughout my telework schedule.
- I agree that if applicable, I will establish dependent care arrangements during agreed upon work hours.
- I agree to designate a remote workspace, subject to supervisor approval, that is free from safety hazards and meets company ergonomic standards. I will protect the remote worksite from hazards and dangers that could affect the equipment and me. (See Exhibit B.)

- I agree to restrict use of any employer provided equipment, software, data, and supplies, which are located at my remote worksite, to the sole use of conducting company business.
- I agree to return any telework equipment, software, data, and supplies which were supplied by my employer upon my termination of telework or termination of employment.
- I agree that my employer may make on-site visits to my remote worksite, during normally scheduled work hours, to investigate the condition and area related to any workers compensation claim that occurred at the telework site.
- In the event of equipment malfunctions, I agree to notify my supervisor immediately. I understand that if a malfunction precludes me from working from my remote location, then I may be assigned other work or be asked to report to the primary office worksite.
- I agree that my remote worksite is considered an extension of the company's primary worksite and I am governed by the provisions of workers' compensation during the agreed upon work hours. If I have a job related accident during my telecommuting hours I will report it to my supervisor immediately.
- I agree I will not conduct business related meetings at my remote worksite.
- I agree to be liable for injuries to third parties and/or household members that occur at my remote worksite, and to indemnify and hold the employer harmless regarding any such injuries.
- I agree that all products, documents, reports, and data created as a result of my work-related activities are owned by the employer and will be returned to the employer as requested
- I agree that I have read and will comply with existing employer technology guidelines on use of employer and employee equipment for the telework arrangements as listed in Exhibit A.
- I acknowledge that I have been supplied with and have read this agreement and completed the necessary exhibits. I will adhere to all other employer policies, state and federal laws in regard to telework.
- I understand that the information supplied by me and contained in this Telework Agreement and additional information, inquires or surveys, may be used for data collection and evaluation of the telework program by the employer.

My signature below indicates that I have read and accepted the terms and conditions of this Agreement as specified, as well as any related state laws and employer policies involving telework, safety, data security, workers compensation, and other related matters. We agree that this employee may telecommute with the conditions identified in the above terms and Exhibits A & B.

Employee: _____ Date: _____

Supervisor: _____ Date: _____

Exhibit A: TELEWORKER-RELATED JOB REQUIREMENTS

Please document the following teleworker responsibilities related to telework.

1. Communication Strategies (supervisor, coworker, support staff)

Define the following

- Checkpoints needed with the manager (daily, weekly)?
- Checkpoints needed with coworkers or work group?
- Effective communication modes to stay in touch (email, voice mail, fax, pager, cell phone)?
- Frequency of email and voice mail checks?
- Required attendance for which face-to-face meetings?
- Steps taken to ensure consistent customer communications?
- How to contact in emergency situations?

2. Security of Work Documents and Data

What are specific requirements for use and storage of confidential documents?

Confidential documents will be stored and protected in a locked drawer. Back up to data/documents will be employee's responsibility. Back-up copies will be kept at corporate office. Describe frequency of back up and return policy for employer-owned data.

3. Technology

Technology may differ depending on the needs of specific teleworkers and their job tasks.

Teleworker will use the following equipment:

- Employee-owned PC or laptop
- Employer-owned PC
- Employer-owned laptop
- Operating System (Windows ____)
- Employee-owned printer
- Employer Printer
- Virus Protection
- Fax Capability
- Scanner
- Blackberry
- Other, specify _____

What standards must employee-owned equipment meet? Please list minimum requirements (Pentium, memory, etc.) _____

What types of applications do teleworkers need to access and which ones need to open simultaneously (e.g., email, Windows, NT, Netscape, Word, email Access, Internet, Intranet, others)? _____

4. Equipment Maintenance

Employer will maintain employer-owned equipment. The employee may need to bring telework equipment to corporate office. What types of maintenance agreements does teleworker have for employee-owned equipment? _____

5. Telecommunications

Specify employer-provided and employee-provided telecommunications or communication modes.

| | <u>Employer</u> | <u>Teleworker</u> |
|---------------------|-----------------|-------------------|
| Broadband or cable | _____ | _____ |
| Office Voice Mail | _____ | _____ |
| Home voice mail | _____ | _____ |
| Call Waiting | _____ | _____ |
| Caller ID | _____ | _____ |
| Personal cell phone | _____ | _____ |
| Employer cell phone | _____ | _____ |
| Home phone line | _____ | _____ |
| Second phone line | _____ | _____ |
| PDA | _____ | _____ |
| Blackberry | _____ | _____ |
| Pager | _____ | _____ |
| Other _____ | _____ | _____ |

How will outgoing long distance calls be managed?

- Calling card
- Work cell phone
- Additional phone line or 800 line
- Reimbursed to employee expenses
- Other: _____

Please list any employer property provided for telework arrangement.

1. _____
2. _____
3. _____

6. Emergency/Inclement Weather Dismissal

Whether home, satellite, or conventional office, the following principle is the same: If work can proceed at a particular home work-site, then employees may not be excused from duty just because employees at another work-site have been dismissed from work.

7. Work Supplies and Resources

What employer supplies and work materials will be provided? _____
Reimbursement plan for expenses is: _____

8. Other requirements as needed:

Exhibit B: TELEWORK OFFICE EVALUATION CHECKLIST

Please use the following checkpoints to determine compliance with the employer's physical setup, safety and ergonomic requirements for telework.

Specify the room in which telework office is located. _____

Do you have safe exit paths from work area? Yes No
(recommended width = 36")

Is the area free of loose rugs on slippery floors? Yes No

Do you have smoke detector/alarm present and functional? Yes No

Date last checked _____

Do you have a fire extinguisher near work area? Yes No

Is there clear access to the fire extinguisher? Yes No

Do you have adequate first aid supplies? Yes No

Are your extension/power cords in safe condition? Yes No

Have you ensured that your electrical outlets are not overloaded? Yes No

Have you ensured that your electrical cords don't create hazards? Yes No

Is the equipment out of direct sunlight and away from heaters? Yes No

Is the air quality/ventilation adequate? Yes No

Are flammable materials removed from the office area? Yes No

Are overhead shelves/cabinets secured firmly? Yes No

Are furniture and equipment ergonomically correct?

• Computer Desk: 26" high and can handle weight of equipment Yes No

• Keyboard Reach: 23" to 28" from operator Yes No

• Keyboard Slope: 10-20 degree range Yes No

• Monitor: top of typing line is slightly below eye level Yes No

• Chair: provides ergonomic support to back of waist (15 degree) Yes No

• Back tilt recommended – Height of seat 15 to 21" from floor Yes No

• Phone: Phone line situated near desk/computer table Yes No

• Reach to phone is suitable Yes No

• Lighting: Directed behind or to the side of vision, not in front or above Yes No

Do you have power surge protection in place? Yes No

Do you have secure storage for floppy disks? Yes No

Do you have privacy for confidential phone conversations? N/A Yes No

Other Comments:

Overall Assessment:

Satisfactory

Not suitable at present time. Follow-up and recommendations for items #(s):

Follow-up Date: _____