**Insert Employee Name is assigned to telework according to the following terms:**

1. Approved alternative worksite location: 



1. Approved telework schedule:



1. Approved work area at alternative worksite:



1. Approved equipment and supplies provided by Insert Agency to telework:





\*Attach copies of additional Agency Property Office documentation (if applicable)

\*Attach completed VPN Security Agreement (if applicable)

A copy of the Agency Telework Program Policy is attached to this Telework Assignment. I have fully read and understand the attached policy and will comply with the terms and conditions in the policy and in this Telework Assignment.

Employee’s signature and date: 

**APPROVED:**

Supervisor’s signature and date: 

Department Director’s signature and date: 