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| **Mobile and Flexible Work Agreement:** |
| Personnel Number: | Last Name: | First Name: |
| Division/Program: | Official Duty Station: | Job Title: |
| Supervisor Name: |
| [ ] New Request [ ] Renewal [ ] Update | Begin Date: | End Date: |
| **Mobile/Flexible Work Schedule** |
| Schedule:

|  |  |
| --- | --- |
| Days: | Start/End Time: |
| [ ]  Monday | Work Hours: / . |
| [ ]  Tuesday | Work Hours: / . |
| [ ]  Wednesday | Work Hours: / . |
| [ ]  Thursday | Work Hours: / . |
| [ ]  Friday | Work Hours: / . |

 | Frequency:

|  |  |
| --- | --- |
| [ ]  Once a month | [ ]  Three days a week  |
|  | [ ]  Four days a week  |
| [ ]  One day every two weeks | [ ]  Five days a week |
| [ ]  One day a week  | [ ]  Intermittent |
| [ ]  Two days a week |

 |
| **Mobile Worksite Information** |
| Work Location Description:[ ]  Personal Residence [ ]  Field/Regional Office [ ]  Other State Agency [ ]  Other: |
| Address | Number of Miles to Official Duty station: |  |

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| **Equipment Inventory** |
| All Employer provided equipment remains the property of **AGENCY** and must be returned to **AGENCY** upon request. For technical support contact the **AGENCY** Help Desk at EMAIL / XXX-XXX-XXX.

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| Item | Inventory Tag Number: |
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| **Job Duties, Tasks, and Work-Related Activities** |
| [ ]  The employee will perform all of the position’s task as listed on the attached PDF.Or[ ]  The following specific tasks when mobile working/teleworking (only list the specific tasks/duties from the Position Description Form (PDF) that will be performed) or you can attach a current PDF with listed tasks. |

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| **Security and Confidentiality** |
| Will your employee be using or accessing restricted or confidential data or materials while mobile working/teleworking? [ ]  YES [ ]  NO |
| If yes, what security procedures will be used to safeguard this data or materials?  |

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| **Notice Expectations** |
| The employer and the teleworking employee should discuss needs and expectations around notice if the employee will be asked to return to the office while teleworking. A clear understanding of in-person presence and participation in on-site meetings and events should be articulated between the Employer and the Employee. Employers and employees are strongly encouraged to capture agreed upon general expectations for notice in this field. Add Notice Expectations & Additional Notes Here |
| **Statement of Understanding** |
| The supervisor and employee agree to the following expectations: **Supervisor:** * Determines the position qualifies for mobile work.
* Determines the employee has proper/approved IT equipment and an adequate internet connection.
* Ensures all required forms for mobile work participation are completed and submitted to the Human Resources (HR) Office.
* Ensures that any original documents that are temporarily removed from the agency for the purposes of mobile work are handled consistent with AGENCY POLICY.
* Takes the required classroom/eLearning mobile work training.
* Agrees to attempt to provide an alternate mobile workday option if they request an employee to report to work during a scheduled mobile workday.
* If the employee must report on-site during a scheduled mobile workday, supervisor agrees to provide as much advanced notice as possible to the employee.
* Reads, understands, and signs the mobile and flexible work agreement.

**Employee:** * Takes the required classroom/eLearning mobile work training.
* Ensures that original documents temporarily removed from the agency for the purposes of mobile work are handled consistent with AGENCY POLICY.
* Agrees to abide by the terms of AGENCY POLICY and their mobile work agreement.
* Performs the same expected quality of work while working from a remote/alternate location as if they were working from their assigned official duty station.
* Ensures that internal and external customers continue to receive the same level of service while working from a remote/alternate location.
* Agrees to report to the assigned official duty station, upon request, on a mobile workday as requested by a supervisor or designee for business reasons.
	+ If the request is made prior to the start of the scheduled workday, the commute is considered a regular commute.
	+ If the request is made after the start of the scheduled workday, the commute is considered work time.
* Ensures the mobile workspace is free from hazardous or unsafe conditions that could cause undue harm to the employee.
* Ensures the mobile workspace is ergonomically sound.
* Agrees to file an incident report should an injury occur at the employee’s mobile work location. The report will be filed from their mobile work site or as soon as practicable upon return to their designated duty station.
* Agrees the mobile workspace is free from items that are disruptive while providing service to internal and external customers that could include but are not limited to:
	+ Work in a public space with the ability to work on confidential assignments or hold conversation that may be confidential in nature.
* Agrees that any agency equipment is used only by employees of the agency. Employees are responsible for the equipment and tools assigned to them and must alert their supervisor and/or IS support when an equipment problem or work interruption occurs.
* Agrees if a personal device is used, the employee may be required to surrender the personal device for investigation as part of litigation or a public disclosure request. Agrees to not meet with non-agency employees at their mobile work site as part of Agency business.
* Reads, understands, and signs the mobile and flexible work agreement.
* Reads, understands and complies with the requirements for the proper and allowable uses of state issued equipment as provided for in agency policy and/or any applicable collective bargaining agreement.
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| I understand and agree to the terms and conditions of this agreement.

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| Employee Signature & Date  |  | Supervisor Signature & Date |

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| **Supervisor Approval** |
| [ ]  Approved [ ]  Denied [ ]  Rescinded

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| --- | --- | --- |
| Supervisor Signature & Date  |  |  |

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| Reason if Denied or Rescinded: |

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| --- |
| **Appointing Authority Approval** |
| [ ]  Approved [ ]  Denied [ ]  Rescinded

|  |  |  |
| --- | --- | --- |
| Supervisor Signature & Date  |  |  |

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| Reason if Denied or Rescinded: |

**Telework Safety Checklist**

**The following checklist is completed by the employee and submitted to the supervisor along with the Mobile and Flexible Work Agreement. The checklist is meant to Provide suggestions to the employee maintain a safe, healthy, and secure worksite that allows them to work efficiently.**

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| 1. The workspace is away from noise, distractions, and is devoted to your work needs.
 | [ ] YES [ ] NO |
| 1. There is adequate temperature, lighting, and ventilation for the workspace.
 | [ ] YES [ ] NO |
| 1. A fire extinguisher is located nearby.
 | [ ] YES [ ] NO |
| 1. First aid supplies are readily accessible and adequate.
 | [ ] YES [ ] NO |
| 1. The office space, hallways, aisles, stairs, and doorways are free of flammable materials, slip or trip hazards, and obstructions, permitting visibility movement and emergency egress.
 | [ ] YES [ ] NO |
| 1. You have an evacuation plan, so you know what to do in the event of dire or other emergency.
 | [ ] YES [ ] NO |
| 1. All electrical equipment is adequate for office equipment, utilizes surge protectors, and is in good condition without exposed or damaged wiring.
 | [ ] YES [ ] NO |
| 1. Permanent extension cords or daisy chained surge protectors are not used.
 | [ ] YES [ ] NO |
| 1. Work surface and chairs are ergonomically correct.
 | [ ] YES [ ] NO |
| 1. Files, data, materials, and equipment are in a secure place that can be protected from damage theft and misuse.
 | [ ] YES [ ] NO |

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| Employee Name (Print) |  | Employee Signature |  | Date |