

# Modified Telework Form

Name:

Department:

Position/Title:

Please review and/or provide the following information and sign in the space provided below. The completed and signed form should be returned to [NAME] in [DEPARTMENT] either in person or via email [EMAIL ADDRESS] no later than [TIME AND DATE].

1. Cell Phone #:

2. Home Phone #:

3. Home Address:

4. Emergency Contact name, relationship and telephone number

5. Should you need additional desktop equipment to effectively work from home, please check each piece of equipment needed.

Keyboard

Mouse

Monitor

Headset

Other

6. Additional conditions agreed upon by the teleworker and supervisor are as follows:

Please review the following telework parameters:

- I understand that when I am away from the office teleworking, I must comply with all organizational rules, policies, and procedures.
- I understand that my compensation, benefits, and work responsibilities will not change due to the telework arrangement.
- I understand that my telework work schedule will be consistent with my current work schedule and will not significantly change without the approval of my supervisor.
- I understand that if I am eligible for overtime pay, I must get advance approval from my supervisor to work over [HOURS] hours per week while teleworking.
- I understand that while teleworking, it is my responsibility to:
  - Maintain a safe work environment
  - Protect any company equipment in my possession
  - Safeguard confidential work-related information
- I understand that I will not hold business visits or in-person meetings with business affiliates or co-workers at my home telework site.

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Employee signature

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Date

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Supervisor signature

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Date