



DEPARTMENT OF MILITARY AFFAIRS
STATE HUMAN RESOURCES
TELEWORK AGREEMENT

(Read SHR Policy 3.110 prior to completing this form)

SECTION I - This document constitutes the terms of the telework agreement for:

1. EMPLOYEE (Last Name, First, Middle Initial)		2. EMPLOYEE ID	
3. JOB TITLE		4. WORK UNIT	
5. OFFICIAL WORKSITE (Street, Suite Number, City, State and ZIP Code)		6. ALTERNATE WORKSITE ADDRESS (Street, Apartment Number, City, State and ZIP Code) (May be TBD under emergency situations)	
7. TELEWORK ARRANGEMENT IMPLEMENTATION DATES (Agreement should be revalidated at least once per year)		8. TELEWORK ARRANGEMENT (X one) <input type="checkbox"/> REGULAR AND RECURRING <input type="checkbox"/> SITUATIONAL	
a. START (MMDDYYYY)	b. END (MMDDYYYY)	Regular and Recurring Telework Schedule: _____ Number of Days per Week or Pay Period _____ Days of the Week (e.g., Mon, Wed, Thurs)	
		All employees who are authorized to telework on a Regular and Recurring or Situational basis to include emergency situations shall have a telework agreement in place.	
9. ADDITIONAL COMMENTS			
10. SUPERVISOR OR AUTHORIZED MANAGEMENT OFFICIAL (Name and Signature)		11. DATE (MMDDYYYY)	
12. EMPLOYEE SIGNATURE		13. DATE (MMDDYYYY)	
14. STATE HUMAN RESOURCES DIRECTOR SIGNATURE		15. DATE (MMDDYYYY)	

SECTION II - TECHNOLOGY/EQUIPMENT CHECKLIST

(1) TECHNOLOGY/EQUIPMENT <i>(Indicate all that apply)</i>	(2) ASSET TAG	(3) REQUIREMENT <i>(Y or N)</i>	(4) OWNERSHIP: AGENCY OR PERSONAL <i>(A or P)</i>	(5) RETURN DATE
1. COMPUTER EQUIPMENT				
a. LAPTOP				
b. DESKTOP				
c. MONITOR				
d. MONITOR (Portable)				
e. OTHER:				
2. ACCESS				
a. IPASSN PN ACCOUNT				
b. CITRIX - WEB ACCESS				
c. OTHER:				
3. CONNECTIVITY				
a. DIAL-IN				
b. BROADBAND				
4. REQUIRED ACCESS CAPABILITIES				
a. SHARED DRIVES (e.g., H or P Drive)				
b. EMAIL				
c. COMPONENT INTRANET				
d. OTHER APPLICATIONS:				
5. OTHER EQUIPMENT/SUPPLIES				
a. COPIER				
b. SCANNER				
c. PRINTER				
d. FAX MACHINE				
e. CELL PHONE				
f. PAPER SUPPLIES				
g. OTHER:				
6. SUPERVISOR'S SIGNATURE			7. DATE (MMDDYYYY)	
8. EMPLOYEE SIGNATURE			9. DATE (MMDDYYYY)	

SECTION III - NOTICE OF TELEWORK ARRANGEMENT CANCELLATION

(Complete this section when the telework agreement is cancelled.)

1. CANCELLATION DATE (MMDDYYYY)

2. INITIATED BY (X one)

EMPLOYEE

MANAGEMENT

3. REASON(S) FOR CANCELLATION

4. AGENCY- FURNISHED EQUIPMENT/PROPERTY RETURNED LIST
PROPERTY AND DATE OF RETURN:

YES

NO

5. EMPLOYEE SIGNATURE

6. DATE (MMDDYYYY)

7. SUPERVISOR SIGNATURE

8. DATE (MMDDYYYY)

9. STATE HUMAN RESOURCES DIRECTOR SIGNATURE

10. DATE (MMDDYYYY)