

## Telework Schedule and Acknowledgement

Employee Name:		Date:	
Agency Name:		Department:	

**Notice of Intent to Collect Private Information:** This Telework Schedule and Acknowledgement requests you to provide address and contact information that may be your home or other nonpublic address and contact information. We are requesting this information for the purpose of determining a telework location. The information also may be used to contact you during telework. You may refuse to provide the requested information, however if you refuse to supply the information, you will be ineligible for telework. The requested information may be shared with agency human resources staff, agency executive leadership, agency safety staff, agency supervisors and other agency employees with a business need to access the data, MNIT Services staff, Minnesota Department of Administration, Minnesota Management and Budget, and others as required by court order or as authorized by law.

### TELEWORK SCHEDULE

<b>Effective date of telework schedule (mm/dd/yyyy):</b>	
Expiration date of telework schedule (mm/dd/yyyy)*:  *The Telework Schedule must expire no later than one year after its effective date, but may be renewed up to annually at the sole discretion of the Agency.	

During the period of approved telework, the following will be the employee’s normal telework schedule. All overtime work must be pre-approved by the employee’s supervisor

**Week 1 Telework Schedule**

<b>Day of the Week</b>	<b>Work Hours</b> <b>Example: 8:00 AM – 4:30 PM</b>	<b>Location</b> <b>T = Telework</b> <b>O = Agency Office</b>
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

**Week 2 Telework Schedule, If applicable**

Day of the Week	Work Hours Example: 8:00 AM – 4:30 PM	Location T = Telework O = Agency Office
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

**TELEWORK LOCATION**

Employee’s Home

Other Location: \_\_\_\_\_

**EQUIPMENT/SUPPLIES**

You are responsible for obtaining, maintaining, and protecting all state equipment and supplies for use during telework. You must follow normal supply procurement and expense reimbursement procedures for obtaining supplies (e.g. supervisor approval). All state-owned equipment and supplies must be returned when the telework arrangement ends.

Please list any state equipment, software, and/or supplies.

Item Type	Fixed Asset Number	Serial Number	New Purchase? (Yes/ No)	If new, what was the cost?
1				
2				
3				
4				
5				

### COMMUNICATION/AVAILABILITY

Teleworking employees are responsible for attending all required meetings, unless their supervisor approves otherwise. They must also be available and accessible during the telework schedule for customers, co-workers, and supervisors/managers.

### REVIEW/RENEWAL

The employee's telework arrangement is effective for no more than one year. It must be reviewed and may be renewed at management's sole discretion during the employee performance review period. If the telework arrangement is renewed, the employee must sign a new Telework Schedule and Acknowledgment form. The telework arrangement also must be reviewed if any of the following occur: 1) a permanent change in employee job duties; 2) a change in positions; or 3) a change in any of the provisions of the telework arrangement.

### CHANGE/CANCELLATION

This telework arrangement can be changed or cancelled by the agency at-will, at any time, with or without cause.

### SPECIAL CONDITIONS

*(List any additional instructions, conditions, restrictions, or exceptions relating to this telework arrangement.)*

## ACKNOWLEDGEMENTS

I understand, acknowledge and agree to the following:

Telework is a management tool to be used at the sole discretion of the agency. As such, my telework arrangement may be changed or cancelled at any time, with or without cause, at the agency's sole discretion.

Telework hours are regular work hours and I may not use telework hours to perform personal activities. Just as with regular work hours, teleworkers are expected to follow agency vacation and sick leave policies and procedures to request time off from telework to engage in non-work activities. However, employees may telework even if their dependents or an individual they are caring for is present in the telework location so long as the employee is actually performing their job duties and working their normal schedule or flexing their time as approved by their supervisor.

I cannot conduct personal business during telework hours.

My work duties and responsibilities are not altered by teleworking, and I am responsible for meeting performance expectations and standards.

My salary and benefits are not altered by teleworking.

Expenses will be reimbursed according to the applicable collective bargaining agreement or compensation plan, and consistent with applicable agency and statewide policies. I will obtain my supervisor's approval before making purchases, per the applicable policy, collective bargaining agreement, or compensation plan. Unless explicitly authorized by my supervisor, I am responsible for supplies and expenses necessary to perform telework at my telework location.

It is my responsibility to ensure that my telework location will accommodate any state equipment necessary for me to conduct my work. I must protect my telework location from hazards and dangers that could affect the equipment and ensure my telework location is conducive to work.

I must return all state-owned equipment and supplies immediately upon termination of my telework arrangement, or when my employment with the agency ends.

If I provide the equipment used during telework, I am solely responsible for servicing and maintaining it. However, the agency may agree to service or maintain the equipment at its discretion.

I may only use any and all state-owned equipment, software, data and supplies located at my telework location for the sole purpose of conducting state business.

I must notify my supervisor immediately if I experience equipment malfunctions or connectivity issues, which prevent me from working on my telework assignment. I may be assigned other work, be asked to report to my permanent/principal work location, be asked to take approved leave pending resolution of the issue, and/or perform other duties as needed.

I must report any accidents or injuries that occur while I am teleworking to my supervisor immediately.

I must maintain and safeguard data in accordance with all laws, rules, regulations, and policies regarding data practices, data privacy and data retention.

All products, documents, reports and data created as a result of my work-related activities are owned by my agency and must be returned to the agency upon request, upon termination of the telework arrangement, or when my employment with the agency ends.

I am required to comply with all agency policies, guidelines, rules, regulations, and state and federal laws while I am teleworking in the same manner as if I was not teleworking.

I have read the Telework policy and agree to comply with its terms and conditions.

Employee Signature:		Date:	
Supervisor Signature:		Date:	
HR Representative:		Date:	
Office Use Only:			

Original to Personnel File

Copy to Employee

Copy to Supervisor