

## TELECOMMUTING AGREEMENT

Employee's Name: \_\_\_\_\_ Department: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Department Head/Elected Official or designee \_\_\_\_\_

Outlined below are the terms and conditions for teleworking as agreed upon by the participating employee named above and his/her Department head/Elected Official or designee.

The employee agrees to work at the following location:

The employee will telecommute \_\_\_ days per week. Below is a complete work schedule for both days in and out of the office:

Day	Hours	Location
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Other		

Special schedule requirements:

The following duties must be performed by the employee at the secondary location [attach additional documentation if insufficient room]:

The following company-owned equipment will be used by the employee at the secondary location:

The following personally-owned equipment will be used by the employee at the secondary location:

The employee will be reimbursed for the following costs:

I, \_\_\_\_\_ (supervisor's name), have reviewed the above information with  
\_\_\_\_\_ (employee's name) prior to his/her participating in Spokane County's  
telecommuting program.

Supervisor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I, \_\_\_\_\_ (employee's name), have read and understand the Telecommuting Policy, and  
agree to abide by its rules. I also understand that this Telecommuting Agreement is not an employment  
contract, an employment benefit and that the County assumes no responsibility at any time for damages or  
losses of any kind to personally-owned property or the property of parties outside this Agreement. This  
agreement is being entered into by me voluntarily, and may be terminated by my supervisor at any time,  
for any reason.

Employee's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I, \_\_\_\_\_ (Department Director or Elected Official), have read and agree to the application  
for Telecommuting. I also understand that this Telecommuting Agreement is not an employment contract  
or an employment benefit. This agreement may be terminated by me at any time, for any reason.

Department Head Or Elected Official's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **HOME WORKSITE**

### **SAFETY CHECKLIST**

Work area is clean, neat and orderly.

Work area is free of debris such as soft drink bottles/cans, soiled cloths.

Supplies are stacked on a firm level base.

Supplies are visible from the floor (e.g. not stacked on top of a locker or bookcase.)

Aisles, stairways, passageways, exits and access ways near work area are free of obstructions.

Liquid spills are removed from traffic areas immediately.

Tools and equipment are returned from traffic areas immediately.

All electrical cords are inspected for fraying, kinks, exposed strands and replaced when necessary.

Fire extinguisher is located no more than 25' from the work area.

Extension cords are not being used.

File, desk, and table drawers are closed when not in use.

Furniture is maintained in good condition and free from projecting edges, wobbly legs, etc.

**I have inspected my home worksite and certify that it is in safe, workable condition.**

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**Employee Name (Print) Employee Signature**