



# TELEWORK AGREEMENT

State Form 54324 (R3 / 8-14)  
DEPARTMENT OF CHILD SERVICES

### TELEWORK OFFICE - All telework offices must be within the employee's residence.

Address of telework office (number and street, city, state, and ZIP code)

Telephone number  
(     )

### WORK SCHEDULES

Effective date of work schedules (month, day, year)

Will other staff use the assigned office when the employee teleworks?

Yes     No

#### Telework schedule

Monday	Tuesday	Wednesday	Thursday	Friday

#### Assigned office schedule

Monday	Tuesday	Wednesday	Thursday	Friday

### EQUIPMENT

The agency is not responsible for any private property used, lost or damaged. The state may pursue recovery from the employee for state owned property that is deliberately or negligently damaged or destroyed while in the employee's care or control. The employee is advised to contact an insurance agent and a tax consultant regarding working from home.

It is the employee's responsibility to ensure that DCS confidential records and work materials are secured in a locked storage area in the employee's home. The purchase and maintenance of a locked storage area is solely the employee's responsibility.

Please list all office equipment and software that will be used at the telework office. Additionally, the brand, model and serial number must be documented for all state equipment.

Item	Owner	Brand	Model	Serial Number

### SIGNATURES

This Telework Agreement is valid from \_\_\_\_\_ to \_\_\_\_\_ and may be modified or canceled at any time by the employee or DCS by giving at least a one (1) week notice or in accordance with the stipulations relating to disciplinary action found in the DCS Telework policy.

I have read and understand the DCS Telework Policy and this agreement. I agree to abide by and work in accordance with the terms and conditions outlined in the policy. I agree that the sole purpose of this agreement is to regulate teleworking and that it constitutes neither an employment contract nor an amendment to any existing contract. I have been advised to consult with an insurance agent and a tax consultant regarding working in my home.

Signature of employee

Date (month, day, year)

Printed name of employee

Signature of Supervisor

Date (month, day, year)

Signature of Local Office Director

Date (month, day, year)

Signature of Regional Manager

Date (month, day, year)

Signature of Central Office Deputy Director

Date (month, day, year)