Delaware County Transit Telework Agreement

Name: _____

Department: _____

☐Overtime Eligible (Hourly) or ☐Overtime Exempt (Salary) (Check One)

Telework to be performed: ☐Full Time ☐Hybrid ☐As Needed Basis Only (Check One)

If Full Time or Hybrid – Address where telework is to be performed: _____

If Hybrid, outline the general schedule of telework: _____

_____I have read and understand the Delaware County Transit Telework Policy.

- I understand telework is a management option, not an employee right.
- I understand prior authorization is needed to engage in telework.
- Telework may be full-time, hybrid, or on an as-needed basis.
- I understand the location of the telework will meet the parameters outlined in the policy.
- If overtime eligible, work will be completed on a pre-approved schedule during the employee's normal work day. If overtime exempt work may be performed on an as-needed basis.
- I am responsible for all equipment issued to me as part of the telework agreement.
- While engaged in telework, I will preserve security and confidentiality of employer information.
- Telework does not change the basic terms and conditions of employment, including rate of pay and benefits.
- Employees shall comply with all Employer policies, procedures, and performance standards.
- The Employer retains the right to investigate alleged violations of this Policy or a Telework Agreement and may cease or modify an Employee's approval for Telework at any time, regardless of whether a violation has occurred.

Employee Signature & Date: _____

Department Head Signature & Date: _____

☐ Approved ☐ Denied

Executive Director Signature & Date: _____

☐ Approved ☐ Denied