



TELEWORKING FORM

SECTION I: EMPLOYEE INFORMATION

Employee Name: _____ 9600: _____

Position # and Department
Title: _____ Name: _____

SECTION II: TELEWORK AGREEMENT

Agreement Period: From (date): _____ To (date): _____ % of Time: _____

Please provide a brief description of job duties and responsibilities.

By signing this agreement, the employee certifies that (s)he has read the terms of agreement and agrees to follow the policies and procedures outlined in them as well as all other applicable regulations, policies, and procedures:

Employee Signature:

Supervisor Signature:

Human Resources Director Signature: