

# **TELEWORK REQUEST**

Employee Name:

Date (m/d/yyyy):

Agency Name:

MSC Southeast

Department:

New Request 
Updated Request

Supervisor Name:

**TELEWORK SCHEDULE** Effective date of telework schedule (m/d/yyyy): Expiration date of telework schedule (m/d/yyyy): The following will be your normal work schedule. All overtime work must be pre-approved by your supervisor. Core hours 9:00am-3:00pm, all fulltime staff must be available during these hours within their fulltime work hours. *Location* Work Hours Day of the Week Example: 8:00 AM - 4:30 PM T = Telework O = Campus Office Core hours: 9:00 AM - 3:00 PM Monday Tuesday Wednesday Thursday Friday

TELEWORK OFFICE LOCATION					
Location (i.e. home):					
Street Address:					
City:	State:	Zip code:			
Telework Phone #:	Telework F	ax # (if applicable):			
Telework E-mail Address:					

This Telework Agreement is not a contract and can be changed or cancelled by MSC Southeast at any time at college discretion.

## **DEPENDENT CARE**

Telework is not a substitute for dependent care. You are responsible for arranging for dependent care as part of the telework agreement.

### **EQUIPMENT/SUPPLIES**

You are responsible for obtaining, maintaining, and protecting all state equipment and supplies for use during the telework schedule. See policy number 315 for further details. You must follow normal supply procurement procedures for obtaining supplies (e.g. supervisor approval). <u>All state-owned equipment and supplies must be returned when the telework agreement ends.</u>

## Please list any equipment, software, and/or supplies to be used at the telework office.

Item Type	Fixed Asset Number	Serial Number	New Purchase? (Yes or No)	If new, what was the cost?	Employee provided equipment? (Yes or No)

## DATA/SECURITY

The telework office is an extension of the assigned office. As such, you are responsible for complying with all laws, regulations and policies regarding data practices and data privacy. You must safeguard data so as to preserve the security of data as required by the Minnesota Government Data Practices Act and agency policy.

### DATA RETENTION AND DATA REQUESTS

Data created and maintained during the teleworking assignment is state property regardless of whether the data was created and maintained on state-owned equipment or your equipment, and is subject to the state's data practices and records management statutes. You are responsible for maintaining proper retention and disposal procedures of data at the telework office. You are responsible for returning any such data upon request by the agency.

#### **EMPLOYMENT CONDITIONS**

You must comply with all federal and state employment laws during telework arrangements. Your job duties, responsibilities, and obligations of the position, as well as the related terms and conditions of employment as specified in the collective bargaining agreement/plan are not affected by this telework agreement.

### WORKER'S COMPENSATION

You are covered by the state's Worker's Compensation laws while in telework status. It is your responsibility to report ALL incidents/injuries during your telework schedule to your supervisor immediately, using the agency's standard injury reporting process. Third party injuries or property damage that may occur at the telework office are not the responsibility of the state. Business meetings will not be held at the telework office.

### LIABILITY

The agency is responsible for insuring state-owned equipment. You are responsible for ensuring that the equipment and work area are safe and free from hazards.

### **COMMUNICATION/ACCESSIBILITY**

You are responsible for attending staff meetings in person, unless your supervisor approves otherwise. You must be available and accessible during the telework schedule for customers, co-workers, and supervisors/managers.

List communication expectations of teleworker. Include frequency or type of contact, process of requesting leave, contact during telework hours, etc.

#### **PERFORMANCE EXPECTATIONS**

You are responsible for maintaining work performance at or above expectations. A decline in work performance will result in termination of this telework agreement.

List how teleworker work will be monitored or evaluated (e.g. performance evaluation methods).

#### RENEWAL

This telework agreement must be discussed after the first three months and renewed annually, or due to any one of the following: 1) a change in your job duties; 2) you or your supervisor change positions.

## **CANCELLATION**

This telework agreement can be cancelled at any time by either party. If you wish to cancel this telework agreement, you must provide advance notification of at least 14 days to your supervisor so that your supervisor can ensure that adequate space is available at your permanent/principal work location, employee schedules are maintained, and business needs are met. The timing of the cancellation is dependent upon space and other such considerations.

### **SPECIAL CONDITIONS**

List any additional instructions, conditions, restrictions, or exceptions relating to this telework agreement.

### **TELEWORK POLICY**

- I have read and understood and agreed to MSC Southeast telework policy and the terms and conditions specified in this agreement.
- I acknowledge that telework is a voluntary work arrangement and not an employee benefit. As such, MSC Southeast can change or terminate this agreement at any time at its discretion.
- I understand that I am expected to comply with all college policies, guidelines, rules, regulations, and state and federal laws while I am teleworking in the same manner as if I was not teleworking.
- I agree to the terms and conditions of this agreement.

Employee Signature:	Date:
Supervisor Signature:	Date:
Approve 🗌 Decline 🗌 Reason:	
HR Signature:	Date:
Telework State/tax location updated: Yes 🗌 N/A 🗌	

Original: Employee File Copies: Employee / Supervisor

