



## Oregon Department of Fish and Wildlife Telecommuting Agreement (Fixed, regular basis)

**Instructions:** Complete with your supervisor after the Telecommuting/Teleworking Application (Attachment A) is approved. Information in the Telecommuting/Teleworking Application is incorporated as part of this agreement.

### **ALTERNATE WORKSITE**

The department does not reimburse the telecommuter for travel between the alternate worksite and the official workstation.

\_\_\_\_\_ Home: (Specify address and location in home) \_\_\_\_\_

\_\_\_\_\_ Satellite/Other: (Specify Address) \_\_\_\_\_

Alternate worksite phone: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Other: \_\_\_\_\_

### **BENEFITS**

The reason for this agreement is:

- \_\_\_ Opportunity for improved employee performance
- \_\_\_ Reduced commuting miles
- \_\_\_ Department savings
- \_\_\_ Other (explain) \_\_\_\_\_

### **SCOPE OF AGREEMENT**

The employee agrees to perform services for the employer as a "telecommuter." Telecommuting is voluntary and may be terminated at any time by either the employee or employer, unless it was made a condition of employment at the point of hire.

### **SALARY, JOB RESPONSIBILITIES AND BENEFITS**

Salary, job responsibilities and benefits will not change because of involvement in telecommuting. The employee agrees to comply with all existing job requirements and expectations that are in effect in the office. Supervisors set expectations for job assignments to be completed on telecommuting / teleworking day(s). Employees are held to the same job requirements and expectations in effect while in the central worksite.

### **SCHEDULE**

Telecommuting days:     Mon     Tues     Wed     Thurs     Fri

If the telecommuter must come into the office on a scheduled telecommuting day, can another day be substituted?

Yes     No

Telecommuting time: Start: \_\_\_\_\_ Finish: \_\_\_\_\_ Total hours per day: \_\_\_\_\_

Work hours are not expected to change while telecommuting. Discuss anticipated overtime and seek approval in advance from the supervisor.

### **TASKS**

Tasks for telecommuting days:

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**EQUIPMENT**

The department is not responsible for any private property used, lost or damaged. The state may pursue recovery from the employee for state property that is deliberately or negligently damaged or destroyed while in the employee’s care, custody or control. Employees are advised to contact their insurance agent and a tax consultant for information regarding home worksites.

Personal computer equipment used to telecommute must comply with department security policies and practices. State information stored on personal electronic equipment is subject to public records requests and department review. If the employee will connect to an ODFW network, then ODFW supplied workstations are required. If the employee will only use Mallard (the Outlook Web Access e-mail), then it is acceptable for the employee to use his or her personal workstation for access. Employees’ personal flash drives are not permitted to be used on ODFW equipment.

In the event of equipment failure, the employee may be assigned to another project or work location. The employee shall surrender all state equipment and data documents immediately upon request.

According to [State Policy 107.004.050, Information Asset Classification](#),\* the security level of the information used at the telecommuting site is:

Level I (Published) \_\_\_\_\_

Level II (Limited)\_\_\_\_\_

Level III (Restricted)\_\_\_\_\_

Level IV (Critical) \_\_\_\_\_

What measures have been taken to secure the information and equipment at the telecommuting site?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What review period has been agreed upon for these security measures?

\_\_\_\_\_  
\_\_\_\_\_

Approved access to the LAN(s) using the department’s standard remote access software?  Yes  No

What equipment will be used?

Item	Department Inventory #	Owner

\* [State Policy 107.004.050, Information Asset Classification](#) is found at:  
<http://www.oregon.gov/DAS/OP/docs/policy/state/107-004-050.pdf>

**COMMUNICATION**

Will the following be utilized?

Call forwarding:  Yes  No

Answering machine or voice mail:  Yes  No

Receptionist or co-workers take calls:  Yes  No

How will incoming calls to the central worksite be answered on telecommuting days?

The employee agrees to call the office to obtain messages at least \_\_\_\_ times a day.  
The employee shall promptly notify the supervisor when unable to perform work assignments due to equipment failure or other unforeseen circumstances.

Other procedures: \_\_\_\_\_  
Department policy for payment of business telephone and data calls from the telecommuting site: \_\_\_\_\_

**ARRANGEMENTS**

Telecommuting begin date: \_\_\_\_\_; end date (if other than end of biennium): \_\_\_\_\_

Review Date: \_\_\_\_\_ Initials: (Supervisor) \_\_\_\_\_ / (Employee) \_\_\_\_\_

[Review Date: \_\_\_\_\_ Initials: (Supervisor) \_\_\_\_\_ / (Employee) \_\_\_\_\_]

[Review Date: \_\_\_\_\_ Initials: (Supervisor) \_\_\_\_\_ / (Employee) \_\_\_\_\_]

*(Note: Agreements shall be reviewed and initialed by the supervisor and the employee no less frequently than once annually during the biennium.)*

**TERMINATION**

Unless otherwise specified in this agreement, the department and/or the employee may discontinue this arrangement at anytime giving one week's notice.

**OTHER ARRANGMENTS:**

Additional conditions agreed upon by the employee and supervisor: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AGREEMENT:**

I have read and understand department policy HR\_450\_06 Telecommuting and Teleworking and this agreement. I agree to abide by and operate in accordance with the terms and conditions outlined.

I agree that the sole purpose of this agreement is to regulate telecommuting and that it neither constitutes an employment contract nor amends any existing contract.

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

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

Note: Attach the completed Telecommuting / Teleworking Application to this Agreement

**DEPARTMENT APPROVAL:**

Division Administrator/Region Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Department Information Security Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Human Resources Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

Deputy Director: \_\_\_\_\_ Date: \_\_\_\_\_