



**State of Delaware
Department of Human Resources**

TELECOMMUTING AGREEMENT FORM

Policy #: To be assigned.	Authority: DHR Telecommuting Policy
Effective Date: October 4, 2021	Supersedes: May 19, 2021

SECTION A: Telecommuting Information

To be completed by requesting employee

Employee Name: _____

Department: _____ **Division:** _____

Alternate Work Location:

Street Address: _____

City: _____ State: _____ Zip Code: _____

Description of Alternate Work Location:

Telecommuting Schedule:

Regular telecommuting workdays: _____

Regular telecommuting work hours: _____

Systems to be accessed from alternate work location (For example: PHRST, FSF, DEL, etc.):

Equipment and software required for remote access (For example: Laptop, Egress, etc.):

SECTION B: Employee Certification

Please read terms and conditions of the Telecommuting Policy and Agreement Form

I have read and understand the attached Telecommuting Policy and agree to the duties, obligations, responsibilities and conditions for telecommuters described therein. I agree that, among other things, I am responsible for establishing specific telecommuting work hours, with my Supervisor and maintaining my alternate work location in a safe manner, employing appropriate telecommuting security measures and protecting the State of Delaware’s assets, information and systems. I may be financially responsible for expenses incurred while telecommuting based on my agency’s requirements. I understand that telecommuting may be discontinued at any time at the request of the Agency Supervisor. I understand that I may request the telecommuting arrangement be discontinued, and the Agency Supervisor must review and provide a response within 5 business days. I also understand that employees may be required to telecommute or work from alternate work locations based on non-discriminatory, operational needs of the Agency.

This Agreement is effective on (Date): _____ through (Date): _____

Employee Signature

Date

SECTION C: Signature and Approval Section

Manager/Supervisor and Division Director

Approved Denied/Terminated

By using this form, the parties acknowledge their agreement to conduct transactions by electronic means. A party's electronic signature for purpose of the Uniform Electronic Transactions Act, 6 Del. C. Ch. 12A may be provided by checking a box as indicated, electronic initials or name, or email confirmation.

Manager/Supervisor Signature

Date

Division Director Signature

Date

Management Comments:

