



PGCPS TELEWORKING AGREEMENT

Employee Name:	Office/Department:	
Standards of Conduct: I agree to be bound by PGCPS policies and procedures, including the Telework Administrative Procedure while working at my alternate workplace.		
<u>Terms of Agreement:</u> I understand this agreement is effective from the date approved by my Division Chief and remains in effect for one school year, or the term of approved episodic teleworking, unless terminated earlier.		
<u>Termination of Agreement:</u> I understand that this agreement is voluntary and can be terminated with or without cause at any time.		
Work Schedule: If requested by my manager/supervisor, I will pr my assignments for the day/week and complete my assignments	, , , , , , , , , , , , , , , , , , , ,	
Requested day(s):		
Work Hours: Lunch Break:		
Breaks for non-exempt employees only		
Work Performance: I agree to provide reports of my telework duties and not to conduct personal business while teleworking. I or caring for others and appointments.		

<u>Alternate Workplace and Workspace:</u> I will not conduct any in-person work-related meetings at my home. I agree to maintain my designated worksite at my alternate workplace in a safe condition, free from hazards. I understand that this worksite is subject to PGCPS approval.

Safety and Orientation: I have answered 'yes' to all questions on the Safety and Orientation Checklist in Attachment 2.

<u>Liability for Injuries:</u> I understand that Maryland Workers' Compensation law may cover me if I am injured while performing my official duties at my alternate workplace during the agreed-upon telework hours. I will notify my manager/supervisor immediately of any accident or injury, and I will complete the required forms.

<u>Personal Equipment and Supplies:</u> I understand that if I use personal equipment while I am teleworking, it is at my own expense and risk and that PGCPS is not responsible for any costs, including repairs and utilities. I agree that the personal equipment necessary to telework, including but not limited to computer hardware and software, printing equipment, telephone lines or service, phone cards, internet access, furniture, and lighting, are and will remain in good working order. I understand that I may obtain from my regular workplace office supplies needed for telework, such as paper, pencils, pens, and tape. I understand that expenses for other teleworking supplies will not be reimbursed without the prior written approval of my manager/supervisor.

<u>Liability for Property Damage:</u> I understand that I am liable for any and all damages to my property that may occur during teleworking.

<u>Security, Confidentiality, Disclosure:</u> I understand that I am responsible for maintaining the safety and security of all PGCPS records, data, software, equipment, facilities, and supplies. I agree to comply with all policies and instructions regarding the security of confidential information and disclosure of information.



<u>Inspections:</u> I agree that PGCPS may visit my alternate workplace for purposes of determining that the worksite is suitable for teleworking. I understand that PGCPS will provide me with 24-hour notice of an inspection, and inspections will be during normal business hours.

Read, Understood and Agreed:	
Teleworker name (please print)	Date
Teleworker signature	
Manager/Supervisor name (please print)	Date
Manager/Supervisor signature	
Director name (please print)	 Date
Director signature	
AUTHORIZING CHIEF:	
I have reviewed Attachments 1-3	
□ Approve	
☐ Approve with Modification of days or hours	
□ Deny	
Chief name (please print)	Date
Chief signature	