

TELEWORK AGREEMENT

Applicant Information:

Employee Name: _____ Position #: _____ PeopleFirst ID: _____

District: _____ DMS Class Title: _____

Cost Center Name: _____ Cost Center #: _____

Employment Type: _____ Included / Excluded: _____

Supervisor Name: _____ Supervisor Email: _____

Work Location (Include the full address):

Official Work Location: _____

Telework Location: _____

What state-owned equipment will be used at the telework location:

Cell Phone

Laptop / Personal Computer

Keyboard / Mouse

Tablet / iPad

Monitor(s)

Audiovisual Equipment

Other:

Cords

Docking Station

Schedule:

		Workweek One			
		Begin Work	Begin Lunch	End Lunch	End Work
Friday	Telework				
	In Office				
Saturday	Telework				
	In Office				
Sunday	Telework				
	In Office				
Monday	Telework				
	In Office				
Tuesday	Telework				
	In Office				
Wednesday	Telework				
	In Office				
Thursday	Telework				
	In Office				
		Workweek Two			
		Begin Work	Begin Lunch	End Lunch	End Work
Friday	Telework				
	In Office				
Saturday	Telework				
	In Office				
Sunday	Telework				
	In Office				
Monday	Telework				
	In Office				
Tuesday	Telework				
	In Office				
Wednesday	Telework				
	In Office				
Thursday	Telework				
	In Office				
		Total Biweekly Telework Hours			
		Total Biweekly Full Workdays in Office			

1. Is this a flexible work schedule as defined in the Flexible Work Schedules procedure?

Adjustments to the base telework hours referenced in this agreement may be agreed upon, on a temporary basis, due to extenuating circumstances and/or to meet the needs of the Department, provided the changes are agreed upon in writing by the supervisor and employee. Should the need to incorporate the adjustments permanently arise, both parties understand a new Telework Agreement must be executed in order to comply with statutory, procedural and annual reporting requirements.

TELEWORK AGREEMENT**Exceptions:**

1. I am requesting an exception to the requirement to work in the office two (2) full days a workweek and have provided appropriate documentation, as follows (check one):
 - If for medical reasons, to my immediate supervisor.
 - If **not** for medical reasons, justification is provided in the text field below.

2. I certify that I am a caretaker of an individual who resides with me, I am requesting an exception to the requirement to work in the office two (2) full days a workweek, and I have provided appropriate documentation, as follows (check one):
 - If for medical reasons, to my immediate supervisor.
 - If **not** for medical reasons, justification is provided in the text field below.

3. I am a manager (Bureau Chief or comparable) that reports to a Division Director and I am requesting an exception to teleworking more than one (1) full day a workweek and have provided appropriate documentation, as follows (check one):
 - If for medical reasons, to my immediate supervisor.
 - If **not** for medical reasons, justification is provided in the text field below.

Non-Medical Justification:

Telework Plan:

*This section of the Telework Agreement is to document the employee's general work duties and develop an appropriate monitoring and supervision plan. **The employee and supervisor should first meet and discuss the specific expectations and Telework Plan that will be uploaded into the Telework Agreement before beginning this process.***

Employee:

Use the paperclip icon to attach a document that describes your general work duties. Include in the document answers to these two questions: Are there any aspects of your job that cannot be accomplished from your telework location? Does your proposed telework schedule leave enough time in the office to complete those tasks? Include your name on the document.

Please note, medical documentation should not be attached to the Telework Agreement. It should be submitted directly to the immediate supervisor for handling.

Supervisor:

Use the paperclip icon to attach a document that describes how employee output will be reviewed and monitored and supervision will be provided. Include your name on the document. Ensure the employee has sufficiently described his or her general work duties in the document they attached. If not, you may attach additional documentation.

The attachments provided by the employee and the supervisor to comprise the telework plan can be found at the end of the DocuSign document.

Note the employee will not be prompted to sign the document until the system routes it to the supervisor first, who will review the employee's attachment and upload the supervisor's attachment. This will allow the employee to acknowledge the information in the supervisor's attachment before the form is routed further.

Signatures:

Employee: _____ Date: _____

Supervisor: _____ Date: _____

Cost Center Manager: _____ Date: _____

Director: _____ Date: _____

District Technology Services & Support Manager/ Central Office Information Technology Services Manager:

_____ Date: _____

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
TELEWORK AGREEMENT

250-000-07
HUMAN RESOURCES
OGC – 03/21

Secretary, Assistant Secretary, District Secretary, Executive Director or Designee:

_____ Date: _____

Director of Human Resources: _____ Date: _____

HR Use Only

Employee Name

Sick Leave	FMLA	FSWP	PIP
% of time Teleworking		/	=

Exception Documentation Received / Uploaded:

District / Assistant Secretary Decision:

HR Representative Signature:

Date:

CO Use Only

HR Auditor Signature:

Date:

PeopleFirst Updated

Employee Side

Position Side