

HELEN M. PLUM MEMORIAL PUBLIC LIBRARY DISTRICT

TELECOMMUTING AGREEMENT

- 1) I have read and understand the requirements of the Library Policy on Telecommuting.
- 2) I understand that telecommuting allows me to work at home or offsite for part of my regular work week.
- 3) I voluntarily requested or agreed to telecommuting as an alternative work arrangement.
- 4) I understand that telecommuting is not an entitlement and in no way changes the terms and conditions of my employment with the Library.
- 5) I accept all conditions set forth in the Library's Policy on Telecommuting.
- 6) I understand the Library's Policy on Telecommuting may be changed, modified, or discontinued at any time, with or without advance notice to me.
- 7) I specifically understand and agree that a telecommuting arrangement may be discontinued, at will, at any time, either at my request or the Library's request.
- 8) I specifically understand and agree that I am responsible for all costs associated with setting up my home to accommodate telecommuting, including remodeling, modifications, furniture, lighting, rental, or utilities, including the cost of an internet connection.

NOTE: A telecommuting employee will record all hours worked as designated by the Library. Telecommuting employees are not to exceed their typical weekly hours without the approval of their manager. A telecommuting arrangement may be cancelled if an employee fails to record telecommuting time as requested or exceeds their typical weekly work hours without prior approval.

Employee Signature: _____ Date: _____

Department Manager: _____ Date: _____

Director or Assistant Director: _____ Date: _____