



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

DEPARTMENT OF ADMINISTRATION

Division of Human Resources

Teleworking Agreement

Employee Name: _____ Employee Job Title: _____

I _____ attest that I have reviewed the current Department of Administration's Teleworking Policy and agree to comply with the terms and conditions in said policy in addition to the following:

- I agree to spend approved Telework time performing the assigned duties and responsibilities of my position
- I agree to maintain contact with my work unit, as appropriate, to successfully perform my assigned duties and responsibilities
- I agree to maintain a safe work environment that is conducive to productivity
- I have made arrangements, if applicable, for dependent care, and personal disruptions such as non-business telephone calls and visitors will be kept to a minimum
- I understand that this telework arrangement is a privilege and is not an employee right
- I understand that the State is not liable for any damages to my personal or real property while I am performing official duties at my alternate work location
- I understand that I must immediately report to my manager or supervisor any work-related injuries that occur while in the Telework arrangement
- I understand this arrangement shall not be the basis for any claim regarding overtime, mileage, or any benefit that would not be provided at the regular workstation. My salary, job responsibilities, benefits, rights, and insurance coverage will remain the same as the applicable bargaining unit contract
- I understand that this arrangement is effective from *(enter dates: mm/dd/yy)* _____ to _____, and that it can be modified, amended, or terminated at any time by written notification from the agency head or designee, with or without cause
- I understand that should a performance issue arise, my participation in this program shall be terminated and I will return to my official workstation in the State Offices
- Additional conditions agreed to by the telecommuting employee and management:

I understand and have received the Department of Administration's Teleworking Policy and agree to comply with all the agencies policies and procedures.

Employee Signature

Date



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To be completed by Director

I reviewed the request and the employee eligibility criteria and the needs of the organization. Based on this review, I have determined that the Telework Arrangement should be Approved Denied

Manger/ Supervisor Signature

Date

Division Director Signature

Date

Executive Director of Human Resources/ Personnel Administrator Signature

Date