

Authority: Code of Virginia § 2.2-203.1 requires that the Secretary of Administration, in cooperation with the Secretary of Technology, establish and maintain the Commonwealth of Virginia's employee Telework Policy. Code of Virginia § 2.2-2817.1 requires Commonwealth agency heads establish and maintain agency specific telework policies and establish work agreements with all employees who telework.

Terms of Telework Agreement

The terms of this agreement must be read in conjunction with agency specific telework policies. Signatories certify they will abide by the terms of this agreement, all applicable telework policies, and all agreement specific terms established by the employing agency.

1. Safety

- Employee will verify the safety of an alternate worksite using the safety checklist in Section II of this agreement.
- Employee is covered by the Commonwealth's Worker's Compensation Program and/or the Virginia Sickness and Disability Program (VSDP), as appropriate, if injured while working at the alternate worksite.
- Employee agrees to bring to the immediate attention of his/her supervisor any accident or injury that occurs while working at an approved alternate work location.
- Supervisor will investigate all accident and injury reports immediately following notification.
- Agency reserves the right to inspect the alternate work location to ensure safety standards are met.

2. Confidentiality and Information Security

- Employee will apply approved safeguards, in accordance with agency policy, to protect agency or state records from unauthorized disclosure or damage, and will comply with all records and data privacy requirements set forth in state law, agency specific polices, and state policies.
- Employee will conduct work at the alternate work location in compliance with all information security standards.
- Employee shall not record meetings and/or interviews without
 the knowledge and consent of every executive branch agency
 employee in attendance. If any attendee indicates that he/she is
 recording the meeting, each attendee shall document consent
 in a sworm statement; however, this statement does not apply to
 administrative activities or criminal investigations as required or
 authorized by law. OSIG will provide a copy of the sworn
 statement to all meeting attendees within 24 hours of the
 meeting conclusion.

3. Work Standards and Performance

- Employee will meet with their supervisor to receive assignments and to review completed work as the supervisor deems necessary or appropriate.
- Employee may be required to return to the central work location on scheduled telework days based on operational requirements.
- Employee will complete all assigned work according to procedures mutually agreed upon by the employee and the supervisor, and according to guidelines and expectations stated in the employee's work profile and performance plan.
- Supervisor will regularly evaluate and provide feedback on the employee's job performance as defined in the employee's work profile and performance plan.
- Employee agrees to perform telework at the agency-approved alternate work location(s) and times defined in this agreement, unless they notify and receive explicit approval from a supervisor to temporarily shift telework to another alternate work location or time period. Failure to comply with this provision may result in loss of pay, termination of the telework agreement, and/or appropriate disciplinary action.
- If children or adults in need of primary care are in the alternate work location(s) during employee's work hours, some other individual must be present to provide the care.

4. Compensation and Benefits

- All pay/salary rates, leave/retirement benefits, and travel reimbursements will remain as if the employee performed all work at the employee's established base work location.
- A non-exempt employee who teleworks approved overtime at the direction of a supervisor will be compensated in accordance with applicable law and state policy.
- Employee understands that supervisors will not accept unapproved overtime work from non-exempt employees. By signing this form, employee agrees that failing to obtain proper approval for overtime work may result in termination of the telework agreement and/or appropriate disciplinary action.
- Employee must obtain supervisory approval before taking leave in accordance with established office procedures. By signing this form, employee agrees to follow established procedures for requesting and obtaining approval of leave.

5. Equipment and Expenses

- Employee who borrows agency equipment agrees to protect such equipment in accordance with agency guidelines. Stateowned equipment will be serviced and maintained by the agency.
- If employee provides their own equipment, employee is responsible for servicing and maintaining it.
- Neither the agency nor the state will be liable for damages to an employee's personal or real property during the performance of assigned work or while using state equipment in the employee's residence.
- Neither the agency nor the state will be responsible for operating costs, home maintenance, or any other incidental costs (e.g., utilities) associated with the use of the employee's residence.

6. Initiation and Termination Agreement

- The agency and employee understand that telework shall be governed by the same state personnel policies as those applicable to employees at the agency's central workplace except as modified by this agreement.
- Agency concurs with employee participation and agrees to adhere to applicable policies and procedures.
- Employee may terminate this telework agreement at any time unless telework is a condition of employment. Two weeks notice to the agency should be provided when possible.
- Agency may terminate this telework agreement at any time.
 (Agreement may be terminated for reasons to include, but not limited to, declining performance and organizational benefit).
 Two weeks notice to the employee is recommended when feasible.



NOTE: The language used in this agreement does not create an employment contract between the employee and the agency. This agreement does not create any contractual rights or entitlements, but, instead, establishes conditions for permitting an employee to qualify for and continue to exercise the privilege of teleworking. The agency reserves the right to revise the content of this agreement or its terms, in whole or in part, at its discretion. No promises or assurances, whether written or oral, which are contrary to or inconsistent with the terms of this paragraph, are binding upon the agency.

Section I – This document constitutes the terms of the telework agreement for:								
1. Employee Name (Last Name, First, Middle Initial)		2. Title						
3. Agency		4. Alternate Work Location(s) Address(es)						
5. Telework Arrangement Implementation Dates								
a. Start Date	(Agreement should be reviewed and revalidated at least every two years) a. Start Date b. End Date							
6. Alternate Work Location(s) Telephone Number(s) (Include Area Code) 7. Alternate Work Location(s) Email Address(es)								
Telework Arrangement Category (select one)								
Full-Time Telework		orid Telework		Telework				
Employee teleworks their entire work schedule from the alternate work location(s)		teleworks 32 hours or more to two days a week from the	Employee consistently teleworks month on a sporadic or task drive					
documented in this agreement.	alternate work location(and/or required to work in a telev					
	agreement and as docu		in response to a specific agency					
		below. Notice and approval	approval process to inform the employee of the need to					
	process for deviations fi		telework or for the employee to r					
	the notification and app	tern must be documented in royals section below	be documented in the notification and approvals section below.					
Hybrid Telework Pattern - Document the	Notification and Approvals - Document the notification and approval processes required for the employee to							
normal pattern of days and hours the	request and receive approval for telework locations or pattern changes – or for the organization to inform the employee							
employee will telework each week. Document	of the need to shift to limited telework.							
the process required to request and receive								
approval for deviations in days or hours in the notification and approvals section to the right.								
SUNDAY								
Normal work hours at alternate work location will be from to								
Continuity of Operations "Emergency Closing" Status (select one)								
Employee IS or IS NOT expected to te				's central workp	ace is closed			
due to natural or manmade emergency situations	s (e.g., snowstorm, hurrica	ane, act of terrorism, etc.). If the	e employee is unable to telework du	ring an emerger	ncy due to			
illness or dependent care responsibilities, the employee must take appropriate leave. The employee may be asked and expected to report to an agency central								
workplace, other alternative locations, or be granted emergency closing authorization, on a case-by-case basis, when other circumstances (e.g., power failure) prevent the employee from teleworking at the alternate work locations listed above.								
Employee Signature	•	Date						
Immediata Sunamiaan		Dete						
Immediate Supervisor			Date					
Deputy Inspector General		Date						
Section II – Safety Checklist								
	Safety	Feature Verified at Alternat	e Work Location Listed Above:	YES	NO			
1. Temperature, ventilation, lighting, and noise levels are adequate for maintaining a work location.								
2. Electrical equipment is free of recognized hazards that would cause physical harm (frayed, exposed, or loose wires;								
loose fixtures; pare conductors; etc.).								
3. Electrical system allows for grounding of								
5. File cabinets and storage closets are arranged so drawers and doors do not enter into walkways.								
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7. If materials containing asbestos are present, they are in good condition.								



8. Work location space is free of excessive amounts of combustibles, floors are in good repair, and carpets are well secured.					
I verify that this safety checklist is accurate and that my alternate work location is a reasonably safe place to work.					
Employee Signature	Date				

Section III – Equipment							
State Owned or Leased Equipment Issued to Employee							
	Issued	Date	Documented	Date			
Computer							
Cellular							
Printer							
Scanner							
Other (list)							