



**North Carolina Department of Health and Human Services
(NC DHHS)
Teleworking Agreement**

Section 1. Information for the Employee

Read all of the following information about your teleworking arrangement before completing and signing the attached form. If there are any questions regarding the terms and your responsibilities under this agreement, discuss with your supervisor to ensure complete understanding. Complete this form and sign it in the space provided in the presence of your supervisor after all of your questions are answered.

1. Teleworking is not an employee right or benefit that is guaranteed. Your decision to telework is voluntary. You may stop teleworking at any time after notifying your supervisor. This provision does not apply to home duty stationed employees. Your supervisor may also withdraw permission for you to telecommute at any time. Teleworking is not a grievable issue under the DHHS Employee Grievance Policy (DHHS Directive Number III-8).
2. Your total number of work hours is not expected to change during the weeks that you telework. If you want to work less than your standard number of hours while teleworking, you must discuss this and get approval from your supervisor in advance. If you are eligible for overtime pay, you must also get advance approval from your supervisor to work over 40 hours per week under this agreement.
3. You must submit a written proposed daily teleworking work schedule and receive supervisor approval prior to beginning work under this agreement. You may be able to vary your hours when teleworking with advance supervisor approval if the change would not negatively impact work assignments, Department requirements, or public contact. Your supervisor may require that you work certain "core hours" and be accessible by phone or e-mail during those hours.
4. While teleworking, it is your responsibility to
 - Maintain a safe work environment (injuries at your alternative work site may be covered by Workers' Compensation),
 - Protect any state equipment you have,
 - Safeguard confidential work-related information, and
 - Ensure that any laptop or other computer, removable storage device (e.g. USB flash (thumb) drives, CDs, DVDs, etc.) used is encrypted per DHHS policy to protect confidential and personal identifying information and that no laptop or storage device is removed from your designated work station unless it has been encrypted. Any exceptions to this policy must be approved personally by both the appropriate division/office/facility/school director and the Office of the Secretary.

Be sure that you have reviewed all of the information for successful teleworking for employees in the “Manager’s Guide to Teleworking.” The employee’s section is online at http://www.dhhs.state.nc.us/humanresources/tele_employees.html

Section 2. Information for the Supervisor

Make sure that you understand the following information about your employee’s teleworking arrangement before completing and signing this form and sign it in the space provided during a meeting with your employee.

1. Teleworking is not an employee “right or benefit” guaranteed in any way. After assessing the employee’s work habits and teleworking site potential, you may approve or deny the teleworking arrangement. After granting permission to telework and supporting the employee’s efforts, you may also withdraw permission at any time if the arrangement does not continue to meet the needs of the Department. You must withdraw permission if the employee’s performance is not maintained at the “good” level.
2. You and your employee should thoroughly discuss and agree upon:
 - Specific teleworking work schedules or core work hours,
 - How the employee will communicate with the office, and
 - How office equipment and supplies will be handled.
3. You and your employee should also thoroughly discuss and document in this agreement how you will review work progress, results, and evaluate performance related to work completed outside the office. Plan how to manage for performance and results instead of managing by direct observation. Make sure that you discuss any new performance tracking methods and list them in the “Additional Notes” section on the last page and replicate the same in the employee’s Performance Management Program Work Plan (if applicable).

For example, you may have used observation in the past to track dimensions such as “planning and organizing.” If your employee will now be teleworking two days per week, a possible alternative is to review the employee’s home “to do list” and progress notes once a week for the first month as the employee begins the teleworking routine. Or, you may decide that the employee’s job task results will be enough to demonstrate to you whether their “planning and organizing” skills remain at an acceptable performance level for continued teleworking. Be sure that you and the employee have discussed any changes to performance evaluation methods thoroughly and you have documented any changes or new tracking requirements in this agreement (as well as on the employee’s workplan).

4. You must approve in advance and record in the BEACON system a teleworker’s extra hours or leave requested just as you would have to approve these in the office.
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5. Decisions regarding eligibility for teleworking are not made on the basis of age, sex, race, color, national origin, religion, creed, political affiliation or disability, unless teleworking is required or offered as an accommodation for a disability or legitimate religious issue.

Be sure that you have reviewed all of the information for supervisors on successful teleworking management in the “Manager’s Guide to Teleworking.” The supervisor’s section is online at http://www.dhhs.state.nc.us/humanresources/tele_supervisors.html



NC DHHS Teleworking Agreement

The following constitutes the terms and conditions of the Telework Agreement completed by the employee and the supervisor.

Division/Office/Facility/School _____

Employee: _____		
Last Name	First Name	Middle Initial
JobTitle: _____		
Teleworking Work Location:		
Street Address:		
Teleworking Location Telephone Number:		
Teleworking Fax Number (if applicable):		
Business Email Address:		
Personal Cell Phone (if applicable):		
Office Cell Phone (if applicable):		
Supervisor Name/ Contact Number:		
Central Workplace Address:		

The employee is approved to work at the teleworking location specified above in accordance with the following schedule.

Teleworking and Office Schedule		
Day Of the Week	Work Hours Each Day	Location T = Teleworking CW = Central Workplace
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		
Notes:		
Equipment, Software, and Supplies		
List of equipment, software, phone lines, long distance calls, other internet connections, and supplies to be used at the teleworking site:	Who will provide? S = State E = Employee	
Notes:		

Office Communications

Describe how the employee will maintain communications with the office during teleworking hours (i.e., how often checking voice mail or e-mail, forwarding phones, etc.).

Additional Notes:

Use the space below to list any other conditions, restrictions, or plans made relating to this teleworking agreement (i.e., trial period, specific tasks that will be performed, performance evaluation methods and documentation of the same in the DHHS Performance Management Program Work Plan, etc.)

The employee is approved under the terms specified in the DHHS Teleworking Policy and this signed agreement to work at the specified telework location listed above. This agreement may be terminated upon the receipt by either party of a notice of termination from the other party. This provision does not apply to home duty stationed employees. Termination of this agreement is not a grievable issue.

The employee has received and read the DHHS Teleworking Policy. In addition, the employee agrees to comply with all Office of State Personnel, DHHS and work unit policies while teleworking.

Signatures	
Employee:	Date:
Supervisor:	Date:
Manager:	Date:
Director:	Date:

Distribution: Personnel file (original)
Employee (copy)
Supervisor (copy)