



CITY OF MADISON, WISCONSIN

Telework Agreement Form

INSTRUCTIONS

1. Details of the Telework arrangement may be attached to this document.
2. The employee and the Department Head should retain a copy of this agreement and details attached.
3. The Department Head, or designee, must file this agreement with the Human Resources Department.
4. The Supervisor must schedule an initial review with the employee no earlier than 30 days and no later than 90 days after the effective date of this Agreement to evaluate the effectiveness of the arrangement and make modifications where necessary, thereafter such review shall be conducted at a minimum annually. This is noted below.

EMPLOYEE INFORMATION	
Request Date:	
Employee Name:	
Position Title:	
Department Head:	
Supervisor:	
Agency/Department:	
Work Group:	
Review Period:	

I. TELEWORKING INFORMATION

This agreement is for _____ teleworking arrangement.

If this is an occasional agreement this agreement will run from:

_____ to _____.

Designated work location: _____ Other: _____

Teleworking Equipment

Required equipment:

City-owned Laptop – Computer ID: _____

Personal Laptop to use Remote Desktop Services

Other: _____ - _____

Required City approved software/systems:

Please reach out to the IT Help Desk to have software installed (if not already) to your work device at least 10 days before first day of telework

- City network (VPN access)
- Desk Phone Software
- List other(s): _____

Scheduled Workdays	Standard Work Hours	New Hours	Work Remotely
Monday			<input type="checkbox"/>
Tuesday			<input type="checkbox"/>
Wednesday			<input type="checkbox"/>
Thursday			<input type="checkbox"/>
Friday			<input type="checkbox"/>
Saturday			<input type="checkbox"/>
Sunday			<input type="checkbox"/>

II. TELEWORKING WORK PLAN

Under this agreement, the employee will continue to perform all job tasks according to their position unless described otherwise in the box below and agreed upon by the employee and supervisor.

III. ADDITIONAL INFORMATION

Describe other terms or conditions of teleworking agreement. This can include terms of why the employee needs this teleworking agreement (e.g., employee needs to be able to telework for two weeks to take care of a parent, child, etc...), or additional ad hoc information.

IV: EMPLOYEE ACKNOWLEDGEMENTS

- I have read and will follow:
 - [The Teleworking Policy](#)
 - [The Teleworking Tool Kit](#)
- I understand and agree that no employee is guaranteed the ability to telework.
- I understand that my department may have additional teleworking requirements, guidelines, or procedures, provided that they are consistent with the intent of this program.
 - I have been given the information on these procedures.
- I understand and agree that I am responsible for maintaining the safety and security of City equipment, supplies, and information while teleworking.
- I understand and agree that I may not disclose confidential or private files, records, materials, or information, and may not allow access to City networks or databases to anyone who is not authorized to have access.
- I acknowledge that I will follow best worksite practices while teleworking.
- I acknowledge that I must account for and report time spent teleworking the same way I would at my regular worksite, or according to the terms of the teleworking agreement.
- I understand and agree that I must come into the office on a regularly scheduled telework day when my department requires me to do so in accordance with section II. Agreement Options.
- I understand and agree that my department is not required to provide teleworking employees with materials or supplies needed to establish an alternate worksite (desk, chair, printer, fax, copier, etc.), and assumes no responsibility for set-up or operating costs at an alternate worksite (telephone, internet services, etc.).
- I understand that my teleworking agreement can be ended or modified in accordance with the Teleworking Policy at any time.
- I acknowledge that I must be reachable by my City email, City work phone number and/or City’s messaging system.
- I have discussed this application and agreement with my supervisor. I agree to comply with all terms and conditions in this telework agreement and APM.
- I acknowledge that it is my responsibility to return all City-owned devices and accessories to the City of Madison after teleworking has concluded.

Employee Name (printed)

Employee Name (signed)

Date

V: SUPERVISOR ACKNOWLEDGEMENTS, REVIEW, AND APPROVAL

- I have read and will follow:
 - [The Teleworking Policy](#)
 - [The Teleworking Tool Kit](#)
- I acknowledge that I have given the employee the appropriate department specific teleworking guidelines. The guidelines are attached to this agreement.
- I acknowledge that I have reviewed and identified any confidential, private, or personal information and records to be accessed and ensure appropriate safeguards are used to protect them.
- I acknowledge that I will evaluate this agreement annually with the employee.
- I will meet with the employee no earlier than 30 days and no later than 90 days after the effective date of this agreement
- I will support the employee by ensuring they have the equipment and tools needed and I commit to regular communication and providing necessary feedback with the teleworking employee.
- I acknowledge that there may be budgetary implications, such as the purchase of a laptop for the employee. I will work with the IT authorized contact in my agency to purchase necessary equipment for the employee upon execution of this agreement. The costs and items are listed below and have been verified with City IT (please reach out to helpdesk@cityofmadison.com for help with verification).

Budgetary Implications:

Approval:

- I have reviewed, support and approve this telework agreement.
- I have reviewed and reject this telework agreement.
 - If rejected, state why: _____

Supervisor Name (printed)

Supervisor Name (signed)

Date

VI: DEPARTMENT HEAD ACKNOWLEDGEMENTS, REVIEW, AND APPROVAL

- I will support the employee and supervisor throughout teleworking.
- I have read and understand the budgetary implications of this request as noted above by the Supervisor.

Approval:

- I have reviewed, support and approve this telework agreement.
- I have reviewed and reject this telework agreement.
 - If rejected, state why: _____

Department Head Name (printed)

Department Head Name (signed)

Date

VII: HUMAN RESOURCES REVIEW AND APPROVAL

Approval:

- I have reviewed, support and approve this telework agreement.
- I have reviewed and reject this telework agreement.
 - If rejected, state why: _____

Human Resources Name (printed)

Human Resources Name (signed)

Date

The effective date of this agreement commences upon final signature of the Human Resources Director.