

Washoe County Telecommuting Work Agreement

This agreement between _____ of _____ Department is effective from _____ to _____.

Telecommuting location:

Address

City, State, Zip

Telephone

email address

Days and hours for the telecommuter: _____

Reason for telecommuting:

Assignments for the telecommuter:

Method(s) of measurement of the above assignments:

I understand and agree to adhere to the telecommuting guidelines established in the Washoe County Telecommuting Policy. I understand Washoe County will not be responsible for costs incurred as a result of telecommuting. I will track any long distance phone calls to be reimbursed by the County. Management may terminate this agreement at any time with up to two days notice. I understand Washoe County's Workers' Compensation Program will cover me only during the authorized scheduled hours stated above. I agree to maintain the prescribed workstation. In the event of an accident occurring during the authorized time period I MUST immediately report the injury to my supervisor. I understand that this agreement may be discontinued at any time with up to two days prior notice by my supervisor.

Employee

Date

Department Head

Date

cc: Human Resources