



# WASHOE COUNTY TELECOMMUTING AGREEMENT

Revised April 14, 2020

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: \_\_\_ Regular Job Duties or \_\_\_ Special Assignment

If Special Assignment, please state assignment and method(s) of measurement:  
\_\_\_\_\_  
\_\_\_\_\_

For Technology Services Use Only: Equipment Meets TS Standards: \_\_\_ YES or \_\_\_NO

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. 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.

\_\_\_\_\_  
Employee SAP# Date

\_\_\_\_\_  
Department Head Date

\_\_\_\_\_  
Technology Services Date

cc: Human Resources