



# Telework Agreement Template

## Telework Agreement

Employee agrees to perform services for Employer as a “Teleworker.” This agreement spells out the basic terms and conditions under which \_\_\_\_\_ (Employee Name) (hereafter “Teleworker”) will be teleworking for (Employer Name) (hereafter “Employer”).

This agreement is effective \_\_\_\_\_, 20\_\_\_\_, and remains in effect until \_\_\_\_\_, 20\_\_\_\_, while

\_\_\_\_\_ (Employee Name) teleworks and is employed by \_\_\_\_\_ (Employer Name), unless the agreement is terminated earlier.

Teleworking is available only to eligible employees and is offered at Employer’s sole discretion. Teleworking is not available to the entire organization. As such, no employee is entitled or guaranteed the opportunity to telework.

## Termination of Agreement

Either party may terminate Teleworker’s participation in the program, with or without cause, upon reasonable notice in writing to the other party. Employer will not be held responsible for costs, damages or losses resulting from terminating this teleworking program.

## Salary, Job Responsibilities and Benefits

Teleworker agrees to comply with all existing job requirements as are in effect in the office. Salary and benefits will not change because of involvement in this telework program. Specific job responsibilities may only be modified with the agreement of Teleworker’s supervisor.

## Work Hours, Overtime and Vacation

Work hours are not expected to change during the program. In the event that overtime is anticipated, it must be discussed and approved in advance with the Teleworker’s supervisor, just as any overtime scheduling would normally be approved.

## Work Schedule

The daily work schedule for the days when working remotely or at home is subject to approval by Teleworker’s supervisor. The supervisor may require that Teleworker work certain “core hours” and be accessible by telephone or otherwise during those hours.

## Equipment

Teleworker must have all necessary equipment in a suitable home or remote office location to do their jobs. Employer may elect to provide computer, software and other equipment needed for teleworking. If the Employer provides such property or equipment, these items remain the property of the Employer and must be returned to the company upon request. Any computer, software, or other equipment or supplies provided by Employer are provided for the sole use of the Teleworker to perform their job.



Teleworker may use personal equipment for teleworking purposes. In such cases, Teleworker will be responsible for the maintenance and insurance required for such equipment.

### Office Supplies

Office supplies will be provided by Employer as needed. Teleworker's out-of-pocket expenses for other supplies will not be reimbursed except with prior approval of Teleworker's supervisor.

### Dependent Care

Teleworking is not a substitute for dependent care. Teleworker will not be available during company core hours to provide dependent care or supervision.

**Teleworker remains obligated to comply with all of Employer's rules, practices, instructions and this Agreement. Teleworker understands that violation of any of the above may result in terminating this arrangement.**

**Name of Teleworker** \_\_\_\_\_

Conditions for teleworking agreed upon by the Teleworker and their supervisor:

1. The employee agrees to work at the following location:

\_\_\_\_\_

2. The employee will telework \_\_\_\_ days per week.

3. The employee's work hours will be from \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m.

4. The following equipment will be used by the employee at the remote location:

\_\_\_\_\_

\_\_\_\_\_

5. The employee agrees to get all supplies needed for teleworking from the company office. Reimbursement for out-of-pocket expenses for supplies will require prior supervisory approval.

6. Additional conditions agreed upon by the supervisor and Teleworker are as follows:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



I have reviewed the Teleworker agreement with \_\_\_\_\_ (Employee Name) to their participation in the company's teleworking program.

---

Date	Supervisor Name	Signature
------	-----------------	-----------

The above material has been discussed with me.

---

Date	Employee Name	Signature
------	---------------	-----------

I have read and understand this agreement and accept its conditions.

---

Employee Name	Date
---------------	------

I have reviewed the terms of this agreement with \_\_\_\_\_ (Employee Name).

---

Supervisor Name	Date
-----------------	------

Denver Regional Council of Governments (DRCOG) / Way to Go is not engaged in rendering legal advice and provides these forms free of charge solely to assist businesses exploring teleworking arrangements with their employees. By using these materials, the recipient (1) acknowledges and agrees that DRCOG / Way to Go makes no representations regarding the sufficiency (legal or otherwise) of these materials in any particular jurisdiction or for any particular business purpose; and (2) voluntarily and knowingly assumes all risks associated with their use.