

Enclosure 3

TMD Form 1402.02-1 Telework Agreement

Employee Information

Name: _____

Job title: _____

Department: _____

Employee status: T32 Tech T5 Civilian

Employee's Business Telephone: _____

Employee's Telework Worksite Telephone and FAX number (If applicable): _____

Regular and/or Recurring Telework or situational (mark one): Reg/re-occurring Situational

This telework agreement will begin and end on the following dates (one year increments):

Start date: _____ End date: _____

Telework location: _____

Employee telework schedule: _____

Weekly mileage saving: ____ miles per week

Assignments and Communication:

The employee agrees to the following conditions:

The employee has read, understands, and agrees to comply with all provisions of TMD Telework policy, TMDI 1000.04

The employee will remain accessible and productive during scheduled work hours.

Employees will obtain supervisor approval prior to working unscheduled overtime hours.

The employee will report to the employer's work location as necessary upon directive from his or her supervisor.

The employee will communicate regularly with his or her supervisor and co-workers, which includes a weekly written report of activities.

The employee will comply with all Texas Military Department rules, policies, practices and instructions that would apply if the employee were working at the employer's work location.

The employee will maintain satisfactory performance standards.

The employee will make arrangements for regular dependent care and understands that telecommuting is not a substitute for dependent care. During COOP situations, exceptions may be made for employees with caregiving responsibilities.

The employee will maintain a safe and secure work environment at all times.

The employee will allow the employer to have access to the telework location for purposes of assessing safety and security, upon reasonable notice by the TMD.

The employee will report work-related injuries to his or her manager as soon as practicable.

TMD will provide the following equipment: _____

The employee will provide the following equipment: _____

The employee agrees that TMD equipment will not be used by anyone other than the employee and only for business-related work. The employee will not make any changes to security or administrative settings on TMD equipment. The employee understands that all tools and resources provided by TMD shall remain the property of the company at all times.

The employee agrees to protect company equipment and resources from theft or damage and to report theft or damage to his or her manager immediately.

The employee agrees to comply with TMD's policies and expectations regarding information security. The employee will be expected to ensure the protection of TMD and customer information accessible from their home offices.

The employee understands that all terms and conditions of employment with TMD remain unchanged, except those specifically addressed in this agreement.

The employee understands that management retains the right to modify this agreement on a temporary or permanent basis for any reason at any time.

The employee understands that if they cannot perform their duties they must request leave (paid or unpaid). Weather and safety leave may be provided under limited circumstances.

The employee agrees to return TMD equipment and documents immediately upon termination of employment.

Manager Responsibilities:

Managers are responsible for monitoring employee's performance and compliance with TMD policies and procedures. A manager may determine that the telework arrangement will hinder performance or is not in the best interest of TMD and disapprove participation in the arrangement at any time.

Managers are responsible for proper completion of all required forms and securing required approvals prior to authorizing situational telework.

Managers are responsible for determining the equipment needed, and the adequacy and security of remote access to information.

Employee signature: _____ Date: _____

O6 or Director signature: _____ Date: _____

Human Resources signature: _____ Date: _____