



Texas Military Department

State Employee Telework Agreement

1. Employee Name	Last Name	First Name	Middle Initial
2. Date Agreement Submitted	3. Department		4. Position Title
5. Official Work Site Location	6. Employee Business Telephone Number	7. Employee Email Address	
8. Telework Location	9. Employee Telework Telephone Number	10. Weekly Mileage Savings: _____ miles per week	
11. First Line Supervisor	12. Supervisor Telephone Number	13. Supervisor Email Address	

14. Schedule:

- Routine Telework** - telework performed as part of a previously approved, ongoing, and regular schedule. The agreed upon schedule is a maximum of _____ days per week.
- Situational Telework** - telework approved on a case-by-case basis, where the hours worked were NOT part of a previously approved, ongoing, and regular telework schedule. Examples include telework to accommodate scheduling issues such as appointments or special work assignments away from the office. Situational telework is sometimes also referred to as or ad-hoc telework.

The employee is scheduled to telework the following days:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

The employee's core hours on telework days when they are available to their supervisor and coworkers are: _____ to _____.

In the event the main worksite is closed due to weather or other emergency, the employee is to continue working from the telework location unless instructed otherwise by their supervisor.

15. I acknowledge there may be situations when I will be required to report to the Agency worksite during an otherwise planned telework day and that my supervisor agrees to provide advance notice the maximum extent possible.

Yes No

16. I understand the rules, regulations, and Agency policies which govern time and attendance, leave, compensatory time, and overtime remain in effect regardless of whether I am working at an Agency worksite or from an appropriate alternative worksite (e.g. my home). Specifically:

- Technology and devices which permit me to work from a remote location such as my home (including laptop computers, email, smartphones, and remote computing programs) are for use for Agency business only during my authorized duty hours. Agency policies permitting reasonable personal use of Agency equipment and information technology systems apply when I am teleworking.
- Agency policy requires I obtain supervisor approval in writing before I work overtime including while I am teleworking. I am not permitted to work overtime unless it is authorized and approved in advance by my supervisor.

Yes No

17. I have the necessary Information Technology (IT) tools, equipment, and training to efficiently telework, pursuant to TMDs State Employee Telework Policy.

Yes No

18. I understand my responsibilities as a teleworking employee as outlined in the TMD State Employee Policies and Procedures Handbook, Chapter 8.

Yes No

Employee Certification and Additional Acknowledgements

I affirm I have read and understand the TMD State Employee Telework Policy and this Telework Agreement and will work in accordance with all provisions of this Telework agreement and Agency policy, and agree to the following:

- Ensuring my appropriate alternative worksite is safe, secure, and suitable for teleworking activities;
- Providing at no cost to TMD Internet access to access resources;
- Securing and safeguarding TMD furnished equipment;
- Working at a satisfactory level to meet my performance and development objectives;
- Meeting my personal, organizational, and work team requirements;
- Documenting my participation in telework in accordance with established timekeeping procedures;
- Remaining accessible and productive during scheduled work hours;
- Reporting to the employer's work location as necessary upon directive from his or her supervisor;
- Communicating regularly with my supervisor and co-workers, which may include a weekly written report of activities;
- Complying with all Texas Military Department rules, policies, practices and instructions that would apply if I were working at my work location;
- Maintaining satisfactory performance standards;
- Making arrangements for regular dependent care and understands that telework is not a substitute for dependent care. During emergency situations, exceptions may be made for employees with caregiving responsibilities;
- Maintaining a safe and secure work environment at all times;
- Allowing the employer to have access to the telework location for purposes of assessing safety and security, upon reasonable notice by the TMD;
- Reporting work-related injuries to his or her manager as soon as practicable;
- I agree that TMD equipment will not be used by anyone other than me and only for business-related work. I will not make any changes to security or administrative settings on TMD equipment;
- I understand that all tools and resources provided by TMD shall remain the property of the Agency at all times;
- I agree to protect company equipment and resources from theft or damage and to report theft or damage to my supervisor immediately;
- I agree to comply with TMD's policies and expectations regarding information security. I will be expected to ensure the protection of TMD and customer information at my telework location;
- I understand that all terms and conditions of employment with TMD remain unchanged, except those specifically addressed in this agreement;
- I understand that management retains the right to modify this agreement on a temporary or permanent basis for any reason at any time;
- I understand that if I cannot perform my duties from my telework location, I must request report to my work location or request leave (paid or unpaid); weather and safety leave may be provided under limited circumstances; and
- I agree to return TMD equipment and documents immediately upon termination of employment.

This telework agreement is subject to all agency guidelines, rules and policies. I understand the agreement may be used or reviewed by management for the purpose of implementing agency policy and assessing TMD's Telework Program.

Employee Signature: _____

Date: _____

Supervisor Review

(To be completed by the employee's supervisor)

19. This position is Telework Eligible in accordance with the eligibility checklist. Yes No

If "No", give reason: Secured Materials On-site Activity Other (Explain below)

20. The employee is temporarily ineligible to telework Yes No

Reason: Organizational Requirements Performance or Conduct Other (describe below; also describe the plan, including timeframe and specific actions (training, etc.) required to gain eligibility.

Supervisor Certification

(To be completed by the employee's supervisor)

I affirm I have read and understand the TMD Telework Policy, and this telework agreement, and will supervise employee telework in accordance with this telework agreement and Agency policy, and will refrain from treating employees differently based on participation in telework for purposes of all decisions involving managerial discretion, including:

- Distribution of assignments,
- Use of appropriate work tracking and communication tools, and
- Performance management.

This telework agreement is subject to all agency guidelines, rules and policies.

Supervisor Recommendation: Approval Disapproval (provide reason below)

Supervisor Signature: _____

Date: _____

Director Certification

(To be completed by the employee's Department Director)

I affirm I have read and understand the TMD Telework Policy and this telework agreement, and will manage Directorate telework in accordance with this telework agreement and Agency policy, and will refrain from treating employees differently based on participation in telework for purposes of all decisions involving managerial discretion, including:

- Distribution of assignments,
- Use of appropriate work tracking and communication tools, and
- Performance management.

Telework Agreement is: Approved Disapproved (provide reason for disapproval below)

Director Signature: _____

Date: _____

OSA Human Resources Approval

(To be completed by OSA HR)

Position is Telework Eligible Employee is Telework Eligible All required documents are complete and accurate

Telework Agreement is: Approved Disapproved (provide reason for disapproval below)

OSA HR Representative Signature: _____

Date: _____

Submit completed form to the OSA HR Office at HR@military.texas.gov

Privacy Notice: State law requires that you be informed that you are entitled to: (1) request to be informed about the information collected about yourself on this form (with a few exceptions as provided by law); (2) receive and review that information; and (3) have the information corrected at no charge.