



**GEORGIA DEPARTMENT OF HUMAN
SERVICES Human Resources Policy #111 A5**

TELEWORK AGREEMENT

Employee Name: _____ Date: _____

As a Georgia Department of Human Services Teleworker, I certify that I have reviewed and agree to comply with all the terms and conditions listed in the Telework Policy, Telework Guidelines, this Telework Agreement and all other terms and conditions of employment. This includes all provisions within DHS Human Resources Policy #1201: Standards of Conduct and Ethics in Government.

- I agree to spend the time approved for telework performing the assigned duties and responsibilities of my position.
- I agree to maintain contact with my work unit, as appropriate, to successfully perform my assigned duties and responsibilities.
- I agree to contact my manager/supervisor to request prior approval for leave.
- I agree to maintain a safe telework environment that is conducive to productivity.
- Arrangements have been made for dependent care.
- Non-business-related activity will be kept to a minimum.
- I agree to immediately report to my manager/supervisor, IT, and the Agency Telework Coordinator any security issue that arise at my telework site.
- I understand that the Georgia Department of Human Services is not liable for any damages to my personal or real property, while I am performing official duties at my telework site.
- I agree to immediately report to my manager/supervisor any work-related injuries that occur, while teleworking in my designated workspace.
- I understand that the sole purpose of this agreement is to regulate telework and that it does not constitute a contract of employment.
- I understand that telework is voluntary and is not an employee right.

TELEWORK AGREEMENT

Telework Approval Dates

Telework agreement(s) must be renewed annually during the Mandatory Training period and/or by October 31st, whichever is sooner.

Telework Start Date: _____ Telework End Date: _____

Only complete the below section, if telework is continuous. Write Not applicable (N/A), if telework is occasional.

Work Schedule		
Day	Work Hours	Location (Main Office/Telework Site)
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

List Any Special Conditions or Comments:

I understand that this agreement may be terminated at any time by me, my manager/supervisor, or other authorized official.

Employee Signature: _____ Date: _____

Manager/Supervisor Signature: _____ Date: _____

A copy of this completed form must be provided to the employee, kept by the manager/supervisor and forwarded to the Agency Telework Coordinator at dhs.teleworkcoordinator@dhs.ga.gov.