



DEPARTMENT OF FISH AND WILDLIFE  
TELECOMMUTE AGREEMENT



NAME	ORGANIZATION
CLASSIFICATION	POSITION NUMBER
BARGAINING UNIT	OFFICE PHONE NUMBER

TYPE OF REQUEST (Check One):      First time Request      Revision

The employee will telecommute      day(s) per      week      month

On a weekly basis as follows:

(telecommuting days)

On a monthly basis as follows:

Telecommuting Work Hours:      to

DESIGNATED DFW WORK LOCATION	HOME OFFICE LOCATION
Phone No.	Phone No.

**WORK PLAN**

Attach a list of specific work assignments with expected dates of completion. This list will be renewed.

weekly      monthly      quarterly      other

**EQUIPMENT EXPENSES**

List DFW-owned equipment and software, such as personal computers, modems, fax machines, bookcases, etc., to be used by the employee at the home office. Indicate the property number if applicable. If the equipment is to be purchased by the DFW, indicate the cost.

EQUIPMENT	COST

**REQUIREMENTS OF AGREEMENT**

1. The employee will designate space at his/her residence as a work location. This space must be large enough to do the assigned work and be free of safety and health hazards.
2. Hours of telecommuting should be between 7 a.m. and 6 p.m. If telecommute work hours are different than this, an explanation should be included in the memo of justification.
3. If required, the employee shall report to the office on his/her regularly scheduled telecommute day(s).
4. The employee must be able to perform his/her duties, including returning to the designated DFG work location, without interference from dependent care responsibilities or other concerns unrelated to the telecommuter's job.
5. If the supervisor has difficulty reaching an employee by telephone at home during the scheduled work hours, the Telecommute Agreement (DFW-175) can be modified to require the employee to provide a method to ensure he/she can be contacted. All expenses related to the purchase, installation, and monthly service charge of the method selected shall be the responsibility of the employee.
6. The employee is subject to the same State and Department rules, policies, and procedures as other employees.
7. It is the employee's responsibility to ensure that the home office conforms to existing Department policies and procedures concerning computer and data security.
8. Employees who have a change in circumstances which would affect the original request, such as a change of classification, a change of work assignment, etc. must submit a new Telecommute Agreement (DFW-175) requesting the appropriate modification of the agreement for approval within thirty (30) calendar days of the new work situation.
9. Employees will provide proof of insurance covering State equipment with a deductible of not more than \$500.
10. This plan may be terminated by management with reasonable notice. The employee may terminate this plan with a 30 calendar-day written notice to the supervisor.
11. Additional requirements of this agreement:

I have read, understood, and accept the terms described in this agreement.

SIGNATURE OF EMPLOYEE	DATE
SIGNATURE OF SUPERVISOR	DATE
SIGNATURE OF REGIONAL MANAGER, DIVISION/BRANCH CHIEF & ACTION	DATE

APPROVED  DENIED

Copy to:

- Employee
- Supervisor
- Regional Manager, Branch/Division Chief
- Personnel Specialist