

TELECOMMUTING ARRANGEMENT

Telecommuter's Name: _____
 Agency: _____ Department/Bureau: _____
 Official Duty Station: _____
 Job Title: _____ Position Number: _____
 Name and title of Supervisor: _____
 Name and title of Manager: _____

This telecommuting arrangement is approved for the following time period:

From _____ (mm/dd/yy) to _____ (mm/dd/yy)
 (Arrangement may not exceed 9 months).

Telecommuting Location (check): Home Office ___ Alternate Site ___

Address _____ Telephone Number _____

- The employee will telecommute _____ day(s) per week, _____ pay period(s) per month on the following days:

Fri. _____ Sat. _____ Sun. _____ Mon. _____ Tues. _____ Wed. _____ Thurs. _____

Fri. _____ Sat. _____ Sun. _____ Mon. _____ Tues. _____ Wed. _____ Thurs. _____

- The telecommuter's scheduled work hours are from _____ to _____.
- The telecommuter's scheduled breaks are from _____ to _____ and from _____ to _____.
- The telecommuter's scheduled meal period is from _____ to _____.
- The telecommuter will call the office to speak with his/her supervisor and obtain messages at least _____ times per day while working at the telecommuting locations, at the following times: _____

- The following duties will be performed by the telecommuter at the telecommuting location:

- The supervisor/manager will monitor the telecommuter's efficiency and productivity as follows:

- The supervisor/manager will monitor the efficiency and productivity of the workgroup as follows:

- The following equipment will be used by the employee in the home/alternate site: (please specify whether equipment is agency-owned or employee-owned)

Item _____	Owner _____

- Additional conditions agreed to by the telecommuting employee and management:

Acknowledgements:

- Telecommuting is strictly voluntary and may end without cause, by either party.
- The agency reserves the right to modify this arrangement at any time.
- Nothing contained in this arrangement conveys nor is intended to convey upon the employee a contract of employment.
- ***This telecommuting arrangement is governed by and complies with the DAS General Letter 32 and all policies and procedures referenced therein, as well as all other applicable state and agency policies and procedures. The undersigned have read, understand and acknowledge abiding by these policies.***

Employee _____ Date _____

Supervisor _____ Date _____

Manager _____ Date _____

Human Resources
Representative _____ Date _____

Agency Head
(or designee) _____ Date _____

Original to be filed in Employee's Personnel File with the employee's telecommuting proposal and related documents.

A copy of this arrangement shall be provided to the DAS Human Resources Liaison, Department of Administrative Services, Statewide Human Resources Management, 165 Capitol Ave., Room 404, Hartford, CT 06106 within one (1) week of approval.