

Working Remotely (Teleworking/Telecommuting) Agreement Form

Utah State Board of Education

(Revised August 2018)

Employee Name: _____ Section: _____

Approved Alternate Telework Location:

Address: _____

Telephone: _____

List the job responsibilities/assignments/duties you intend to complete while working remotely.

Describe the proposed arrangement at the alternative location for teleworking (size, location, furniture, characteristics, separation from living area, etc.).

ROUTINE TELEWORK SCHEDULE

Employee's Telework Schedule:

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

ROUTINE TELECOMMUTING SCHEDULE

Employee's Telecommute Days:

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

How much telecommuting time do you intent to count toward your work hours?

____ minutes on public transportation for the commute to the USBE Office

____ minutes on public transportation the commute from the USBE Office

I agree to comply with all USBE working remotely policies and procedures. I understand that the provisions in this agreement may be revised or terminated at any time by the Superintendency.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Deputy Superintendent Signature: _____ Date: _____

(required for routine working remotely arrangements)

Completed copies of the working remotely agreements are deposited with DHRM, the employee, and the employee's supervisor