

**XIII. APPENDIX A: Telework Request and Agreement**

**TELEWORK REQUEST AND AGREEMENT**

**Employee Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_

Remote Worksite  
Address: \_\_\_\_\_

Remote Worksite  
Description: \_\_\_\_\_

Voluntary Participation - The employee voluntarily agrees to work at the approved remote workplace indicated above and to follow all applicable policies and procedures. The Employee recognizes that the Telework arrangement is a privilege, not a right.

Salary and Benefits - The Employee understands that a Telework arrangement is not a basis for changing the employee's salary or benefits.

Official Duties - The Employee agrees not to conduct personal business while in an official duty status at the remote work site (e.g., caring for dependents or making home repairs, etc.).

Leave - The Employee agrees to follow established County/Agency/Department procedures for requesting and obtaining approval for leave.

Overtime- The employee agrees to work overtime only when approved in writing and in advance by the supervisor and understands that claimed overtime work without such approval may result in termination of the telework privilege.

Remote Work Site Costs- The Employee understands that the County will not be responsible for any operating costs that are associated with the use of a remote worksite, for example, home maintenance, insurance or utilities. The Employee also understands that any entitlement to reimbursement for authorized expenses incurred while conducting business for the County, as provided for by statute or regulation, is not relinquished by this agreement.

Equipment/Supplies- The employee agrees to protect any County-owned equipment and to use the equipment only for official purposes.

**Office of Human Resources Management  
Procedure for Telework Program**

➤ **Current Daily Work Schedule:**

○ Arrival Time: \_\_\_\_\_ Departure Time: \_\_\_\_\_

➤ **Requested Effective Date(s):** \_\_\_\_\_

- Routine Schedule \_\_\_\_\_
- Situational Schedule \_\_\_\_\_

**Telework Day & Weekly Schedule:**

	Monday	Tuesday	Wednesday	Thursday	Friday
Week 1					
Week 2					

I have read and understand the Prince Georges County Telework Program Procedure. I request to participate in the Telework Program.

\_\_\_\_\_  
Employee Signature and Date

\_\_\_\_\_  
Division Manager Signature and Date

**\*\*FOR MANAGEMENT USE ONLY\*\***

- \_\_\_\_ Approved Without Modification  
 \_\_\_\_ Approved with Modification listed below  
 \_\_\_\_ Denied

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
Appointing Authority Signature (or designee)

cc: Employee  
 Division Manager  
 HR Liaison