

**DALLAS COUNTY COMMUNITY COLLEGE DISTRICT
EMPLOYEE TELECOMMUTING AGREEMENT**

I. EMPLOYEE INFORMATION

Last, First, M.I.

DCCCD Location

Employee ID

Supervisor

Job Title

JTC

Department

II. EMPLOYEE & SUPERVISOR AGREEMENT

This document specifies the detail of an employee's telecommuting work arrangement with the DCCCD. Individuals should read the DCCCD Telecommuting policy in full prior to this agreement. When all signatures are present, the employee is authorized to begin the telecommuting policy as defined in this agreement. This telecommuting agreement may be discontinued by either the employee or the district at any time. Every effort shall be made to provide thirty (30) days notice of a change or discontinuance. There may be instances, however, where shorter notice may be necessary. The employee and supervisor initials and date which follow indicate acceptance of the terms of this arrangement: _____ Employee _____ Supervisor

III. DESIGNATED WORK HOURS, WORKPLACE & ACCESSIBILITY

Number of telecommuting work days per week: _____ Day(s) of the Week (circle all that apply): M T W R F

Will these day(s) be the same each week? ___Y___N (If no, explain): _____

Specify core hours of telecommuting: _____ to _____ / _____ to _____ Total hours per day: _____

Specify physical address of telecommuting location: _____
Address City State Zip Code

Note: The employee is required to use available personal leave time (i.e., sick leave, vacation, extenuating circumstances) for personal business at his/her home and should notify supervisor prior to usage, in accordance with DCCCD policy and location reporting procedures. The employee will be required to complete and submit an Application for Leave form upon return to primary employment location.

By initialing below, the employee accepts and understands that during the telecommuting period to:

- _____ a) Immediately notify his/her supervisor of a change in residence.
- _____ b) Allow the DCCCD to inspect the employee's designated work location at mutually agreed upon times to ensure that safe working conditions exist.
- _____ c) Understand the DCCCD Workers' Compensation program and reporting procedures.
- _____ d) Know that non-work activities, including basic home tasks such as cleaning, laundry, lawn work, etc are prohibited
- _____ e) Not conduct meetings or have business related visitors, unless pre-approved by supervisor. Meetings should take place at a DCCCD location.
- _____ f) If a DO or El Centro Employee receiving a monthly parking stipend, understand that this stipend will be adjusted accordingly.
- _____ g) Understand that child and/or elderly care is prohibited.

IV. JOB DESCRIPTION, DUTIES & RESPONSIBILITIES:

The position description outlines the job duties and responsibilities for the employee at the telecommuting location and at the DCCCD primary employment location. Attach the official position description and clearly delineate where each job duty will be performed and the percentage of the time it will be performed.

V. EQUIPMENT & TECHNICAL SUPPORT:

If DCCCD-owned equipment is being used by the telecommuter at the remote location, the employee and supervisor (or designee) must complete and have approved the Off-campus Equipment Use form. The employee agrees to follow DCCCD policy regarding the use of equipment.

If DCCCD-owned equipment, hardware, and/or software is not being used, the employee (telecommuter) agrees to discharge the DCCCD and its employees, vendors and contractor's from any liability regarding non-DCCCD owned software, hardware and equipment.

The telecommuter agrees to access DCCCD technical support through previously arranged instructions by contacting:

_____ at DCCCD telephone number _____.

VI. COMMUNICATION & ACCESSIBILITY:

Home Phone Number: _____ Cell Phone Number: _____
Employee and supervisor authorize the following people _____ to have this phone number and authorize telephone calls to employee for business purposes only on days of telecommuting as defined in this agreement.

Employees DCCCD telephone extension will be forwarded to: Home Number: ___Y ___N Cell Number: ___Y ___N
If 'no', employee and supervisor agree:
Calls will be handled by (specify name and DCCCD phone extension): _____

Employee will telephone no later than _____ a/p on telecommuting days directly to:
___Supervisor ___Receptionist ___Designated Co-worker ___Not Applicable ___Other: _____

Other designated procedures/emergency contacts: _____

VII. CONFIDENTIALITY OF DATA AND RECORDS MANAGEMENT

The employee agrees to maintain the highest standards of safeguarding DCCCD information and material in the telecommuting location. Additionally, the employee agrees to the following measures to ensure the confidentiality of data, preservation and retention of records and to maintain the integrity of the telecommuting program:

VIII. ACCEPTANCE & APPROVAL OF POLICY

I have read and understand both the Telecommuting Policy and this Agreement. I agree to abide by and operate in accordance with the terms and conditions outlined in both documents. I agree that the sole purpose of this agreement is to regulate telecommuting and it neither constitutes an employment contract nor an amendment to any existing contract. This telecommuting agreement may be discontinued by either the employee or the DCCCD. Every effort shall be made to provide thirty (30) days notice of the change or discontinuance. There may be instances, however, where shorter notice may be necessary.

By signing below, the employee agrees that s/he has received, read, understands, and will abide by the Telecommuting Policy and Procedures, that s/he understands the policies and procedures of the Telecommuting Program, including the specific provisions listed above.

I _____ understand and agree to the terms and conditions of this Program and authorization. I
Employee Name
also understand that any changes in the work arrangement must be in writing and must be approved by the employee, supervisor, location Human Resources representative and location Cabinet Member.

Employee Signature Date

Human Resources Signature Date

Supervisor Signature Date

Cabinet Member Signature Date