

Teleworking Agreement

PURPOSE: This agreement is intended to ensure that both the supervisor and the employee have a clear, shared understanding of the employee's telework arrangement. Each telework arrangement will consider the needs of the department, position, supervisor, and employee.

The Agency agrees to permit eligible employees to work at an offsite location including home, mobile office, etc. and employees must agree to work offsite under the following terms and conditions:

Working Conditions Applicable to All Employees:

- I agree to maintain confidentiality of all Agency records and information as required by policy, state or federal law, and/or department regulations to include HIPAA, PHI and all other Privacy protected information.
- I understand all other employee expectations regarding performance, conduct and attendance remain unchanged.
- I agree to abide by all Agency policies, Standards of Behavior and Code of Ethics.
- I understand it is my responsibility to request/inform my supervisor/manager if my availability changes in the same manner as I would on an office-based workday, subject to my department procedures. Changes in work schedule, assignments and availability will require pre-approval by your supervisor and must be documented in writing.
- I will maintain productivity during my regularly scheduled hours, supplying periodical updates to my supervisor/manager as requested.
- I will take my regularly scheduled lunch/meal break, unless otherwise agreed to in advance with my supervisor/manager.
- I will request the use of paid time off in the same manner as I would for an office-based workday, subject to my department procedures.
- I understand that my supervisor/manager may call me to work at an assigned worksite for business reasons on a scheduled teleworking day.
- I agree to obtain my telephone messages and return calls at least twice per scheduled working day while teleworking.
- I will not hold in-person business meetings with internal or external clients, customers, or colleagues at my residence.
- I will not conduct any unauthorized external work or activities during my teleworking schedule.
- I will notify Human Resources immediately if I move out of state, including South Carolina and will complete any tax related documents as required by State tax laws.
- I will not act as the primary caregiver for dependents during my scheduled work hours.
- I will login to the Agency's virtual platforms during my scheduled work hours to have direct communication with my co-workers.

Additional Working Conditions Applicable to Non-Exempt Employees:

I agree:

- As an overtime-eligible (non-exempt) employee under the FLSA, I understand all work performed at home is considered work time, must be reported, and is compensable.
- I will clock-in and clock-out in accordance with Medic policies and procedures to record all hours worked (and not worked) in the same manner as I would during an office-based workday. (i.e. if I am not performing work for the Agency beyond customary work breaks that I would normally take in the office then I will clock out).

- I understand any hours beyond my normal work schedule must be authorized via written confirmation in advance by my supervisor/manager.
- I understand I will be compensated for all hours worked, including both approved and unapproved overtime, however PIPD action may be taken if I have worked time that was unauthorized or undocumented.

This telework agreement may be terminated at any time for any reason, without notice, by the Agency. Violations of this agreement are subject to the PIPD process as outlined in the Policy Manual.

In establishing the home office area, I have determined that all common safety practices have been followed and my area provides a safe work environment. I will protect all private and confidential information by locking my work station if I must walk away, by keeping documentation covered and stored appropriately, and by not sharing information inappropriately. I understand the Agency may conduct an onsite inspection to verify safe and secure working conditions during normal business hours.

The location from which I will work is:

_____ *(give full address)*

During scheduled telework times, I can be reached at _____ (phone) and _____ (if applicable)

By signing this document, you are acknowledging and agreeing to the terms and conditions herein, you are agreeing to abide by Agency's Teleworking Policy 8.17 and you understand that this document does not constitute a contract of employment, either express or implied.

Employee's signature

Date

Employee's name (print)

ID Number

Manager's signature

Date

Manager's name (print)

Deputy Director's signature

Date

Department Director's name (print)