

## TELEWORK AGREEMENT

This document specifies the details of an individual's telework arrangement with their supervisor.

Name – Employee (type or print)	Name – Supervisor (type or print)
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Home / Alternate Worksite Address

### TELEWORK SCHEDULE – INDICATE START AND END TIMES

		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
In the <b>FIELD</b> in work status	Start Time							
	End Time							
<b>OFFICE</b> Worksite	Start Time							
	End Time							
<b>ALTERNATE</b> Worksite	Start Time							
	End Time							

If applicable, have you consulted any labor union contracts regarding evening, night, or weekend differentials?  Yes  No  Not Applicable

Will these hours be regular each week?  Yes  No—If **No**, explain below.

**NOTE:** If an employee is entitled to evening, night, or weekend differentials per his/her labor union contract, these evening, night, or weekend hours cannot be part of the regular scheduled hours of the telework agreement.

### BY SIGNING BELOW:

I have read, understand and will abide by the Telework Policies and Procedures.  
 I will participate and complete program training and evaluation measures, as appropriate.

I understand and agree to the terms and conditions of this agreement. I also understand any changes in the work arrangement must be in writing and must be signed by the employee and supervisor.

This Telework Agreement will commence on \_\_\_\_\_ .

If I am a BQA employee, I understand the agreement may be terminated by the employer with 14 calendar days notice.

If I am a non-BQA employee, I understand the agreement may be terminated by the employee / employer by mutual agreement.

For any teleworker, the employer may terminate the agreement with a minimum of 24 hours notice if the terms of the agreement are reasonably believed to be violated.

<b>SIGNATURE</b> – Employee	Date Signed
<b>SIGNATURE</b> – Supervisor	Date Signed