
COUNTY OF DUTCHESS

Employee Remote Work (Telework) Agreement

Employee Name: _____

Job Title: _____

Department: _____

Supervisor's Name: _____

The department head, elected official, or designee (hereafter referred to as "department head") has authorized the employee identified above to engage in remote work / work from home. This arrangement between the employee and the County shall be effective beginning on _____ and terminating on _____, unless terminated earlier by the employee or the County.

Remote Work Location

Address: _____

The employee will perform the following work at the remote site:

Communication

Communications methods available at remote location (check all that apply):

Fax Landline Telephone Microsoft Teams Smart Phone Voicemail Jabber

The employee agrees to be reachable by telephone at the below telephone number during work hours, and that this number can be shared with co-workers and departmental contacts. If the employee chooses not to disclose their home telephone number, they must forward all calls from their office telephone to their home telephone during work hours, or make alternate arrangements with their supervisor.

Phone Number: _____

Work Schedule

Work schedules can match those in the office or be structured to meet the needs of employees and their supervisors. The agreed upon schedule must comply with legal requirements and County policies for time and attendance. Changes to remote work schedules may be made at the supervisor's discretion to meet County service needs or accommodate an employee's request.

Telework days: Sun Mon Tue Wed Thu Fri Sat

Hours:

County Asset and Equipment Used at Remote Location

Description	Make	Model	Serial Number

County Software Applications and Systems Used or Accessed from Remote Location

Title	Description	Information Classification Level

Supervision

Reports on remote work assignments shall be provided to the employee’s supervisor in the following manner and frequency:

By signing below, I agree to the terms of the Remote Work Agreement and acknowledge I have read and understand the Remote Work Policy of the County of Dutchess. The department head has determined the employee affirmatively meets the eligibility criteria to perform remote work.

Employee

Supervisor

Name: _____

Name: _____

Signature: _____

Signature: _____

Date: _____

Date: _____

Department Head / Elected Official

Name: _____

Signature: _____

Date: _____