

CITY OF MADISON Telecommuting Agreement Form

Employee Name:	Date:
Job Title:	Agency/Department:
Employee Signature:	Supervisor Approval Signature:
Agency/Department Head Approval:	HR Approval:

Effective _____, you are authorized to perform your job responsibilities in accordance with the City of Madison’s telecommuting policy. This agreement and the City’s telecommuting policy describe the terms and conditions of this telecommuting arrangement. Failure to follow the City’s Telecommuting Policy will be a violation of this agreement.

Alternative work location address: Is this location your residence? <input type="checkbox"/> Yes <input type="checkbox"/> No

Schedule:

Scheduled Workdays	Alternative Location	Normal City of Madison Location
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Scheduled Hours:

If work schedule varies from week to week outside of core business hours (8:00 AM - 4:30 PM), please note below.

City of Madison Property Loaned to Employee:

Quantity	Equipment Description, Model and Serial Number	Condition

List of Software/Applications required by telecommuter:

Other terms or conditions of telecommuting agreement, if any:

If this agreement is for a specific period of time, indicate termination date of telecommuting agreement:

This contract does not constitute a contract of employment and should not be interpreted as creating a contract of employment, either expressed or implied.

Check One:

- This telecommuting agreement may be terminated by the City of Madison or the employee at any time and for any reason.
- This telecommuting agreement is a condition of employment and may not be terminated by the employee, but may be terminated by the City of Madison.

Agreement:

I have read and understand the contents of this agreement and the City of Madison telecommuting policy. I agree to abide by all the requirements of the policy and of this agreement by placing my signature at the top of this document.