

Ector County Short-Term Telecommuting Agreement

Employee Information

Name: _____

Job title: _____

Department: _____

FLSA status: Exempt Nonexempt

This temporary telecommuting agreement will begin and end on the following dates:

Start date: _____ End date: _____ (or enter TBD)

Temporary work location: Employee's Home Other Location
(address must be provided to Human Resources)

Employee schedule will remain the same as regular work schedule: _____

The employee agrees to the following conditions:

The employee will remain accessible and productive during scheduled work hours.

Nonexempt employees will record all hours worked and meal periods taken in accordance with regular timekeeping practices in TimeClock Plus.

Nonexempt employees will obtain Supervisor approval prior to working unscheduled overtime hours.

The employee will report to the employer's work location as necessary upon directive from his or her Supervisor.

The employee will communicate regularly with his or her Supervisor and co-workers, which includes a weekly written report of activities.

The employee will comply with all ECTOR COUNTY rules, policies, practices and instructions that would apply if the employee were working at the employer's work location.

The employee will maintain satisfactory performance standards.

The employee will make arrangements for regular dependent care and understands that telecommuting is not a substitute for dependent care. In pandemic circumstances, exceptions may be made for employees with caregiving responsibilities.

The employee will maintain a safe and secure work environment at all times.

The employee will allow his or her Department Head or Elected Official (Manager) or Supervisor to have access to the telecommuting location for purposes of assessing safety and security, upon reasonable notice by ECTOR COUNTY.

The employee will report work-related injuries to his or her Manager or Supervisor as soon as practicable and will abide by ECTOR COUNTY policies related to injuries or accidents as if the employee were at his or her regular work location.

ECTOR COUNTY will provide the following equipment: PC/laptop/Surface Pro already in the department, as applicable.

The employee will provide the following equipment: Internet and a phone number so the Manager/Supervisor and Human Resources may reach the employee, as necessary.

The employee agrees that ECTOR COUNTY equipment will not be used by anyone other than the employee and only for business-related work. The employee will not make any changes to security or administrative settings on ECTOR COUNTY's equipment. The employee understands that all tools and resources provided by the County shall remain the property of the County at all times.

The employee agrees to protect County tools and resources from theft or damage and to report theft or damage to his or her manager immediately. The employee shall be responsible for any damage that occurs to County equipment while in the employee's possession.

The employee agrees to comply with ECTOR COUNTY's policies and expectations regarding information security. The employee will be expected to ensure the protection of confidential County and customer information accessible from their home offices.

By signing this Agreement, the employee acknowledges that he or she understands that all terms and conditions of employment with the County remain unchanged, except those specifically addressed in this Agreement. Furthermore, the employee acknowledges this Agreement is not a contract of employment (stated or implied) and no representative or agent of the County has the authority to give or extend the time period of the employee's employment.

The employee understands that management retains the right to modify this agreement on a temporary or permanent basis for any reason at any time.

The employee agrees to return County equipment and documents within three business days of termination of employment.

Employee signature: _____ Date: _____

Manager signature: _____ Date: _____

Human Resources signature: _____ Date: _____

I.T. Director signature: _____ Date: _____