

Soil and Water Conservation District

TEMPORARY TELEWORK AGREEMENT

EMPLOYEE INFORMATION			
EMPLOYEE NAME		SUPERVISOR NAME	
DESCRIPTION OF REMOTE WORK LOCATION			
ADDRESS	CITY	STATE	ZIP CODE
PERSONAL CELL NUMBER		HOME PHONE NUMBER	
TELEWORK SCHEDULE			
PROPOSED TIME IN REMOTE LOCATION (DAYS AND WORK SCHEDULE)			
PROPOSED TIME IN OFFICE (DAYS AND WORK SCHEDULE) - ACCESS TO OFFICE TO GATHER FILES ETC.			
PROPOSED CHECK-IN TIME AND COMMUNICATION METHOD WITH SUPERVISOR (e.g. daily emails/calls at 9:00 etc.)			
TYPE OF WORK			
DESCRIBE THE WORK TO BE DONE AT REMOTE LOCATION			
EMPLOYEE SIGNATURE (Typed in name acceptable in lieu of signature)			DATE
SUPERVISOR APPROVED (Typed in name acceptable in lieu of signature)			DATE