

Louisiana Department of Health Teleworking Agreement

Employee Name (Last, First, MI)	Personnel Number
Job Title	Program Office/Section
Official Domicile (Parish)	

Section 1: Work Locations

Office - An employer's place of work where the employee would normally be located if the employee were not teleworking at another location		Telework Location - An approved alternative worksite (e.g., home or other off-site location)	
Program Office		Alternative Worksite	
Address		Address	
City, State Zip		City, State Zip	
Parish		Parish	
Phone Number(s)		Phone Number(s)	
Email Address		Email Address	

Section 2: Telework Schedule

Indicate Hours and Location (T = Telework Location or O = Office).

Ideally, scheduled Teleworking days should be the same each Pay Period

Week #1	Work Hours	Lunch Period	Location (T or O)		Week #2	Work Hours	Lunch Period	Location (T or O)
Monday					Monday			
Tuesday					Tuesday			
Wednesday					Wednesday			
Thursday					Thursday			
Friday					Friday			
Saturday					Saturday			
Sunday					Sunday			

Time and attendance will be tracked in the same manner as at the office. Time and attendance may be submitted electronically as directed by the employee's supervisor or appointing authority.

Section 3: LDH Assets

LDH assets to be used at the employee's Telework Location. (Check applicable items and provide property control tag and/or serial numbers where applicable.)			
	Asset Name	State Tag Number	Serial Number
<input type="checkbox"/>	Laptop		
<input type="checkbox"/>	Monitor #1		
<input type="checkbox"/>	Monitor #2		
<input type="checkbox"/>	CPU		
<input type="checkbox"/>	Keyboard		
<input type="checkbox"/>	Mouse		
<input type="checkbox"/>	Docking Station		
<input type="checkbox"/>	Speakers		
<input type="checkbox"/>	Headset		
<input type="checkbox"/>	Power Strip		
<input type="checkbox"/>	Cell Phone/Blackberry		
<input type="checkbox"/>	In-house Phone		
<input type="checkbox"/>	Printer		
<input type="checkbox"/>	Shredder		
<input type="checkbox"/>	Other		

Section 4: Work Procedures (attach additional pages if necessary)

1. List LDH or other information systems and software to be accessed from employee's Telework Location.
2. Job duties/tasks to be performed at the employee's Telework Location.; specify any assigned job duties that cannot be performed away from the office:
3. Describe manner and frequency of communication, availability for telephone, e-mail contact, FAX, etc.:
4. Describe how productivity will be monitored or list the performance indicators that will be evaluated:
5. Additional comments:

Section 5: Telework Approval Workflow

Please check an option below	
<input type="checkbox"/>	This is an initial request to become a teleworker.
<input type="checkbox"/>	I am submitting changes to my currently approved telework agreement.
<input type="checkbox"/>	I have been directed to telework by my supervisor or other LDH official.

For Use by Management Only			
To be completed by Immediate Supervisor			
Supervisor Signature:		Date:	
<input type="checkbox"/>	Approved	<input type="checkbox"/>	Denied
If denied, provide explanation:			
To Be completed by Appointing Authority			
<input type="checkbox"/>	Approved	<input type="checkbox"/>	Denied
If denied, provide explanation:			

Section 6: Terms of Agreement

This agreement shall become effective as of the date below.

Provisions for Cancellation of Agreement

Employee's participation as a teleworker is available only as long as Employee is deemed eligible at the Department of Health and Hospital's sole discretion. Teleworking is not an entitlement or a benefit of employment. LDH may cancel Employee's participation as a teleworker, with or without cause at any time. The Department of Health will not be held responsible for costs, damages, or losses resulting from cessation of participation as a teleworker. This agreement is not a contract of employment and may not be construed as one.

I have read and understand this Agreement and agree to abide by and operate in accordance with the terms and conditions described in both documents. I agree that the sole purpose of this agreement is to regulate teleworking and that it does not constitute an employment contract or an amendment to any existing contract and may be cancelled at any time. I agree that, among other things, I am responsible for adhering to any agreed-upon telework schedule, maintaining communication protocol, furnishing and maintaining my Telework Location in a safe manner, employing appropriate security measures, proper maintenance of LDH equipment and protecting LDH and state assets, information and systems. I am also

responsible for any damages to LDH equipment resulting from gross negligence, damages or loss to my personal equipment, cost of local and long-distance phone calls.

LDH's Right to Monitor Work Product and Inspect Alternate Work Site

As a condition of this telecommuting agreement, I acknowledge and agree to allow the LDH to monitor my emails, electronically review my work, make unannounced visits or inspections at my Telework Location during normal business hours, and/or use any other method to adequately document and judge my work product and performance.

I have read and understand this agreement. I will also familiarize myself with all other LDH and Civil Service policies, rules, procedures, protocols, etc... as it relates to LDH employees.

_____ Telework Agreement Effective Date	_____ Telework Agreement Ending Date
_____ Employee's Signature	_____ Date
_____ Supervisor's Signature	_____ Date
_____ Appointing Authority's Signature	_____ Date

A copy of the Teleworking Agreement must be provided to the employee and the LDH Division of Human Resources, Training and Staff Development. Any subsequent revisions of the agreement must also be provided to these parties.