

GEORGIA DEPARTMENT OF CORRECTIONS TELEWORK AGREEMENT

NAME: _____ Employee ID#: _____
JOB TITLE: _____ JOB CODE: _____

MAIN OFFICE WORKPLACE

Street Address: _____
City, State & Zip: _____
Telephone(s): _____

ALTERNATE WORKPLACE

Street Address: _____
City, State & Zip: _____
Telephone(s): _____

WORK SCHEDULE:

DAY OF WEEK	TIME WORK DAY BEGINS	TIME LUNCH PERIOD BEGINS	TIME LUNCH PERIOD ENDS	TIME WORK DAY ENDS	LOCATION

- ☐ Flexible – I am an occasional Teleworker. The days I Telework will be determined on an as needed basis with the approval of my supervisor.

As a participant in the Georgia Department of Corrections (GDC) Teleworking Program, I certify that I have completed mandated Teleworking Training, reviewed and agree to comply with GDC Standard Operating Procedure (SOP) 104.66, Teleworking, the terms and conditions listed in this GDC Teleworking Agreement, and all other terms and conditions of employment.

- I agree to spend the time approved for Teleworking performing the assigned duties and responsibilities of my job.
- I agree to maintain contact with my work unit, as appropriate, to successfully perform my assigned duties and responsibilities.
- I agree to contact my supervisor or other authorized official to request prior approval for leave, when needed.
- I agree to maintain a safe work environment that is conducive to productivity.
- Arrangements have been made for child/dependent care, and personal disruptions such as non-business telephone calls and visitors will be kept to a minimum.
- I agree to check with my supervisor any time there is a security issue that arises during my work at home or other alternate work site.

Retention Schedule: Upon completion, this form shall be retained for one (1) year after agreement ends in local HR Office and Correctional Human Resources Management (CHRM).

- I understand that the GDC is not liable for any damages to my personal or real property while I am performing official duties at home or other alternate work site.
- I agree to immediately report to my supervisor any work-related injuries that occur while Teleworking.
- I understand that the sole purpose of this agreement is to regulate Teleworking, and that it does not constitute a contract of employment.
- I understand that Teleworking is voluntary and is not an employee right.

Special Conditions/Comments:

I understand that this Agreement shall become effective as of the date indicated below and may be terminated by me, my supervisor or other authorized official.

NOTE: Signatures are not required if submitting this form electronically via E-mail. Type your name and the date you completed the form and email it to next approving/processing entity.

Print Teleworker Name: _____

Signature: _____ Date: _____

Print Supervisor/Tele-Manager Name: _____

Signature: _____ Date: _____

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I have reviewed the employee's position and have determined that Teleworking should be:

APPROVED ☐ **DENIED** ☐

Print Appointing Authority Name: _____

_____ Date: _____

Signature of Appointing Authority/Designee