

LOPD Employee Telework Agreement Form

This form confirms an agreement by the undersigned employee and the supervisor to abide by the LOPD Telework Policy, including the responsibilities in Addendum A and the LOPD Code of Conduct. Each telework arrangement is unique depending on the needs of the department, critical functions, supervisor, and employee. This telework agreement is not a contract of employment and does not provide any contractual rights to continued employment. The LOPD Telework Policy and this agreement do not alter or change the terms of the existing conditions of employment. The employee remains obligated to comply with all LOPD rules, policies, practices, and instructions that would apply as if working in their assigned office.

Employee Telework Information	
Employee Name:	
Job Title:	
District/Office/Unit:	
Supervisor Name:	
Designated Telework Location (address, city state, zip code):	
Phone number:	
Email:	

Proposed Telework Schedule and Work Location		
Day of Week	Work Hours <i>(ex: 8 am – 5 pm)</i>	Work Location <i>(ex: office/home)</i>
Sunday*		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday*		
* Saturday, Sunday, and any hours beyond 40 in a week require supervisor approval in advance.		
Comments or clarification about work schedule:		

Inventory Log		
Equipment Description	Equipment Used for Telework	Provided By LOPD or Employee
Laptop/desktop, docking station, mouse, keyboard, monitors, camera, speakers, printer, etc.		
Internet		
Hotspot or cell phone		
Any other telework equipment (chair, desk, VPN, etc.)		

Safety Guidelines for the Telework Site	Employee Initials
Participating employees should use these recommended guidelines to assist them in an assessment of the overall safety and adequacy of their alternate worksite. The following recommendations do not encompass every situation that may be encountered. Employees are encouraged to obtain professional assistance with issues concerning appropriate electrical service and circuit capacity for residential worksites.	
I understand that I am responsible for reporting accidents and injuries immediately to my supervisor.	
I understand I should develop and practice a fire evacuation plan for use in the event of an emergency and should check smoke detectors regularly and replace batteries as recommended.	
I will place computers, phones and other electrical equipment in a manner that keeps power cords out of walkways and keep work area clean and avoid clutter, which can cause fire and tripping hazards.	
I certify that my responses are true and complete to the best of my knowledge. I understand that any erroneous, misleading, or fraudulent information is sufficient grounds for my telework agreement to be revoked. I have read the Safety Guidelines for the Telework Site and have discussed any concerns with my supervisor.	

Policies and Procedures Acknowledgements	Employee Initials
I have read and understand the LOPD's Telework Policy, this Agreement, LOPD's conduct policies , including the policy regarding personal use of state computers and equipment . I agree to abide by the duties, obligations, and responsibilities for remote workers as described in this policy.	
I understand that I am responsible for following my telework schedule, taking proper measures to secure LOPD and LOPD client information, equipment, and systems, and maintaining my workspace in a safe manner.	



I understand that all equipment, records, and materials provided by the LOPD shall remain the property of the LOPD. I must exercise care while using and/or moving equipment.	
I must report to my supervisor/manager and district defender immediately any incidents of loss or damage to LOPD issued equipment, or unauthorized access.	
I will comply with LOPD policies while teleworking, which include, but are not limited to: attendance, social media, confidentiality, data protection, anti-discrimination, anti-harassment, safety, dress code when meeting by video with clients, colleagues, courts, district attorneys, or other partners.	
I have created a plan for communicating with clients, including those in custody, and ensuring that I am available for all scheduled appointments with clients.	

The employee and supervisor acknowledge that this agreement may be evaluated at any time, with at supervisor review occurring annually – at a minimum – to ensure that employee’s work quality, efficiency, and productivity are not compromised by the telework agreement described herein and that critical functions are being performed.

Employee signature: _____ Date: _____

Direct Supervisor, signature, if approved: _____ Date: _____
Proposed date to review this agreement, if approved: _____
If denied, print name & provide reason(s):

Deputy Chief/District Defender/Director/Managing Attorney, signature if approved:
_____ Date: _____
If denied, print name & provide reason(s):

Distribution:
Copies: Personnel File, Employee, Supervisor, District Defender or Deputy Chief