



Telecommuting and Work from Home Agreement

General Information							
Last Name:		First Name:		Employee ID:			
Department:		Division/ Bureau:					
Job Classification:		Office Phone:		Mobile Phone:			
MDC Work Address:							
Remote Work Address:				Home		Other	
Remote Work Phone:							
Telework Start Date:				Telework End Date:			
Supervisor Last Name:				Supervisor First Name:			
Supervisor Job Classification:				Supervisor Phone:			
Department Provided: ___ Desktop/ Laptop ___ Phone ___ Printer ___ Scanner ___ Cellphone							
Employee Provided: ___ Desktop/ Laptop ___ Phone ___ Printer ___ Scanner							
Phone Number to Which Calls Forwarded:							
Telework Details for Non-Job Basis/Hourly Employees							
Average number of hours of telework per week:				Average number of hours of telework per month:			
Days of the Week	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time							
Lunch Start							
Lunch End							
End Time							
Total Hours							
Telework Details for Job Basis/Salary Employees							
Average number of hours of telework per week:				Average number of hours of telework per month:			



Telecommuting and Work from Home Agreement

This Agreement is made on _____, between Miami-Dade County ("County") and _____ ("Employee"), an employee of Miami-Dade County. The County agrees to grant the Employee remote work access from home and/or flexible work schedule and the Employee agrees to undertake such assignment under the terms and conditions set forth in this agreement, and in the County's Telecommuting Policy. Except for any additional conditions expressly imposed on Employee under this Agreement, the terms and conditions of Employee's employment with the County remain unchanged. The Employee remains fully responsible for compliance with all policies and procedures of the County.

In designating the home location worksite, the Employee has determined that all common safety practices have been and will continue to be followed and that the home location worksite provides a safe and secure work environment for the Employee and others who may enter it. As part of my employment with the County, I agree to abide by the terms and conditions of the telecommuting work practices as outlined and initialed below.

- _____ I have reviewed and understand AO 5-5: Acquisition, Assignment and Use of Telecommunication Devices and Network.
- _____ I acknowledge receiving Miami-Dade County's Telecommuting Policy. I have reviewed and understand the policy and agree to abide by all the provisions.
- _____ I have completed the Telecommuting Self-Certification Safety Checklist a copy of which is attached, if applicable.
- _____ I agree that I will work at the remote location as per the schedule indicated above and I will notify my supervisor in writing if there are any changes to either.
- _____ I understand and agree to the performance expectations as stipulated by my supervisor.
- _____ I understand and agree that telecommuting and/or a flexible work schedule is a privilege and can be terminated by the Department at any time.
- _____ I agree that I will be able and available to report to a Miami Dade County work location as directed by my supervisor.
- _____ I understand and agree that should an attempt be made to reach me, and I am not available or responsive for a significant period of time, my absence will be recorded and documented. This may also result in the termination of this agreement.

I hereby acknowledge that I have read the above terms and conditions, discussed them with my supervisor/ manager and agree to the terms and conditions set forth. I further declare that all of the information contained herein is accurate.

	Print Name	Signature	Date
Employee			
Supervisor			
Division Chief/ Manager			
Department Director			



Telecommuting Self-Certification Safety Checklist

This form must be completed and included with the "Telecommuting and Work from Home Agreement".

Department: _____ Employee ID: _____

Last Name: _____ First Name: _____

General		Yes	No	N/A
1	Are temperature, ventilation and lighting levels adequate for maintaining your normal level of job performance?			
2	Is your workspace away from noise, distractions, and devoted to your work needs?			
3	Does your workspace adequately accommodate workstation, equipment and related material?			
4	Are aisles, doorways, floors, and corners free of obstruction and hazards to permit visibility and movement?			
5	Are file cabinets and storage closets arranged so drawers and doors do not obstruct walkways?			
6	Is the area in which you will be accessing the computer/electronics for work-related purposes secured from unauthorized persons?			
7	Is the home workspace (i.e., chair, keyboard area, desk, computer monitor, mouse) configured ergonomically to prevent potential musculoskeletal disorders?			
8	Is the workspace free of any other potential trip/fall hazards, such as cables, extension cords, uneven flooring, loose rugs, etc.?			
Fire and Electrical Safety				
9	Is there a working smoke detector in the workspace area?			
10	Do you have an evacuation plan and an accessible means of egress from the home workspace during an emergency?			
11	Is all electrical equipment free of recognized hazards that would cause physical harm (frayed wires, bare conductors, exposed or loose wires of fixture on the ceiling or walls)?			
12	Is computer equipment connected to a surge protector?			
13	Are phone lines, electrical cords and surge protectors secured under a desk, or alongside a baseboard to prevent potential trip/fall hazards?			
14	Will the home's electrical system permit the grounding of electrical equipment (a three-prong receptacle)?			
Other Safety/ Security Measures				
15	Are files and data secure?			
16	Are materials and equipment in a secure place that can be protected from damage and misuse?			
17	If applicable, are you using up-to-date anti-virus software, keeping virus definitions up to date and running regular scans?			

	Print Name	Signature	Date
Employee			
Supervisor			
Division Chief/ Manager			