

**Miami-Dade County
Telework Acknowledgment**



General Information							
Last Name:		First Name:			Employee ID:		
Department:		Division:					
Job Classification:		Office/Work Phone:			Mobile Phone:		
MDC Work Location:							
Phone Number to Which Calls will be Forwarded:							
Start Date:				End Date:			
Supervisor Last Name:				Supervisor First Name:			
Supervisor Job Classification:				Supervisor Phone:			
Department Provided: ___Desktop/ Laptop ___Phone ___Printer ___Scanner ___Phone Employee Provided: ___Desktop/ Laptop ___Phone ___Printer ___Scanner ___Phone							
Schedule							
Please specify the days and hours the employee will be scheduled and authorized to telework.							
Days of the Week	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
*Start Time							
*Lunch Start							
*Lunch End							
*End Time							
Total Hours							
*Indicate actual hours for hourly, non-job basis employees only.							
Comments:							

Miami-Dade County Telework Acknowledgment



This Telework Acknowledgment memorializes the terms and conditions of Telework.

I, _____ (“Employee”), acknowledge that I must abide by the terms and conditions of Miami-Dade County’s telework program as outlined and initialed below:

- _____ I acknowledge receiving Miami-Dade County’s Telework Policy- Administrative Order (AO) 7-46: Telework, Flexible and Alternative Work Arrangements. I have reviewed and understand the AO and agree to abide by all the provisions.
- _____ I have reviewed and understand AO 5-5: Acquisition, Assignment and Use of Telecommunication Devices and Network Resources.
- _____ Except for any additional conditions expressly imposed on me under this Acknowledgement, the terms and conditions of my employment remain unchanged.
- _____ I remain fully responsible for compliance with all policies and procedures of the County.
- _____ All work standards, security and configuration, and safety practices have been and will continue to be followed.
- _____ I must report to my assigned work location as directed by my Department Director or designee.
- _____ Telework is a privilege and can be terminated by the Department at any time, for any reason with prior notice.
- _____ 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 the telework arrangement.
- _____ I understand and agree to the performance expectations as stipulated in my individual work plan and that I must maintain a performance rating of Satisfactory in order to continue teleworking.
- _____ It is my responsibility to let my supervisor know whenever there is a change in schedule.
- _____ I must use my accrued leave when I am not performing my work duties.
- _____ My work location must be away from noise, distractions, and devoted to my work needs.
- _____ My telework location should be free of any other potential trip/fall hazards, such as cables, extension cords, uneven flooring, loose rugs, etc.
- _____ Files and data must be secure, and that materials and equipment must be in a secure place that can be protected from damage and misuse.
- _____ If applicable, I should use up-to-date anti-virus software, keeping virus definitions up to date and running regular scans.

I hereby acknowledge that I have read the above terms and conditions and discussed them with my supervisor and/or Department Director or Director’s designee (signed below) and agree to the terms and conditions set forth. I further declare that all the information contained herein is accurate.

	Print Name	Signature	Date
Employee			
Supervisor			
Department Director or designee			