

Telecommute Agreement

This flexible work arrangement agreement is established between DHS and

[Employee Name]

This agreement shall become effective as of _____, 2020 and shall remain in effect until _____, 2020 unless modified or terminated by DHS, the employee, or the supervisor or
[Month, Day] [Month, Day]

successor to the supervisor of the employee. In the event that either DHS or the employee needs to terminate the agreement that party shall provide the other party with four weeks written notice. However, in the event of a workplace emergency, the agreement may be suspended immediately and indefinitely.

This agreement may be reviewed at any time if requested by either party.

This agreement is subject to the employee satisfying the following conditions on a continuing basis:

The employee shall perform all job duties at a satisfactory performance level.

The employee's work schedule does not interfere with normal interactions with his/her supervisor, co-workers, or customers.

The employee's schedule does not adversely affect the ability of other company employees to perform their jobs.

The employee assures his/her accessibility to co-workers who maintain the company's regular working schedule.

The employees paid leave will be earned and used in the same manner as prior to this flexible work arrangement agreement and be subject to all other applicable State of ND and DHS leave policies.

The employee maintains this agreed-upon work schedule.

The employee will take reasonable means to protect confidential information, including but not limited to social security numbers, medical information, etc.

All of the employee's obligations and responsibilities, and terms and conditions of employment with the company remain unchanged, except those specifically changed by this agreement. Any non-compliance with this agreement by the employee may result in modification or termination of the flexible work arrangement established by this agreement.

I have read and understand this agreement and all its provisions. By signing below, I agree to be bound by its terms and conditions.

Employee Signature

Date

Approved by - Name of Supervisor

Date