

Addendum

Montana State Library Telework Agreement

Telework Site

Employee Name: _____
Location (specify location if in home): _____
Address: _____

Montana State Library Work Site

MSL makes shared work space available for remote staff at MSL. This space includes a phone and computer workstation.

Schedule

_____ **Fixed:** Telework days and hours are scheduled and will not be substituted without advance approval of the manager.

Telework Days: Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___ Saturday ___
Telework Time: Start: _____ Finish: _____ Total Hours Per Day: _____
Lunch: _____ to _____

_____ **Flexible Schedule:** Telework days may fluctuate weekly and will be mutually agreed upon by the supervisor and the employee.

Telework days permitted each week: _____
Hours of work permitted each week: _____

The supervisor must approve use of sick leave, vacation, comp time, or other types of leave in advance. Overtime must be approved in advance by the supervisor.

Telework tasks and duties

(Describe the telework tasks, duties, and expectations)

Equipment

The agency is not responsible for lost or damaged private property. The state may pursue recovery from the employee for state-owned property deliberately or negligently damaged or destroyed while in the teleworker's care, custody, or control. In the event of state-owned equipment failure, the teleworker must immediately notify their supervisor and may be assigned to another project and/or work location. The employee shall surrender all state-owned equipment and data documents immediately upon request.

Expenses

The agency will pay for the following expenses:

- Business-related telephone calls Yes ____ No ____
- Maintenance, repairs, or service, to state-owned equipment Yes ____ No ____
- Broadband Connection Yes ____ No ____
- Other: _____

Requests for reimbursement will be submitted according to agency policy for reimbursable expenses.

The agency will not pay for the following expenses:

- Maintenance, repairs, or service, to privately owned equipment.
- Utility costs associated with the use of the computer or occupation of the alternate work site.
- Homeowners' or Renters' Liability insurance to cover the use of space in the alternate work site.

Furnishings and Supplies

Teleworkers will provide their own office furnishings and supplies. If the interest of the agency requires the employee to telework, agency management may provide the following state-owned office furnishings and supplies:

Communication

Will the following be used?

- Call forwarding Yes ____ No ____
- Answering machine or voice mail Yes ____ No ____
- Receptionist or co-workers take calls Yes ____ No ____
- Video conferencing Yes ____ No ____
- E-mail Yes ____ No ____
- Other _____

The employee will call the office to obtain messages at least _____ times a day.

Call-in times: _____

The employee will promptly notify the supervisor when unable to perform work assignments due to equipment failure or other unforeseen circumstances.

Other procedures: _____

Terms of the Agreement

Date telework begins: _____

Date telework agreement reviewed (minimum of annually): _____

Termination

The department may terminate this agreement at any time. When possible the supervisor and/or employee will give 30 days advance notice prior to terminating this agreement.

Other

Describe any other conditions of this Agreement:

Acknowledgement

By signing this telework agreement, I acknowledge that I have read and understand the state's and agency's telework policies and this agreement. I agree to comply with their terms and conditions. I understand this agreement's purpose is to set out the terms of my telework. This agreement is not an employment contract nor is it an amendment to one.

_____ Date: _____

Employee's Signature

Employee's name printed

By signing this telework agreement, I certify that I have discussed the terms and conditions of the state's and agency's telework policy and this agreement with the above-signed employee. The employee has been given an opportunity to ask questions and indicates an understanding of the agreement and the policy.

_____ Date: _____

Supervisor's Signature

Supervisor's name printed

State Librarian's Signature