

Information Security:

According to State HR Policy 107.004.050, the security level of the information used at the alternate worksite is:

Level I (Published):

Level II (Limited):

Level III (Restricted):

Level IV (Critical):

Describe the measures being taken to secure the information and equipment at the alternate worksite?

What is the review period for these security measures?

Other Arrangements:

Please describe additional conditions agreed upon by the employee and supervisor.

Acknowledgment:

The employee agrees to perform services for the employer as a “telecommuter.” Telecommuting is voluntary and may be terminated at any time by either the employee or employer.

Telecommuting does not change the employee’s salary, job responsibilities and benefits. The employee agrees to comply with all existing job requirements and expectations.

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

I have read and understand State HR Policy 50.050.01 Telecommuting and Teleworking, procedures of my organization and this agreement. I agree to abide by the terms and conditions outlined. I agree that the sole purpose of this agreement is to regulate telecommuting and that it neither constitutes an employment contract nor amends any existing contract.

Signatures:

Employee:	Date:
Supervisor:	Date:
Agency Information Security Officer: (optional)	Date:
Agency Appointing Authority: (optional)	Date: