



COVID-19 Telework Agreement

Employee Name	
Employee ID Number	
Employee Title	
Employee Email	
Department	
Name of Supervisor	

Telework Schedule

Telework Schedule	_____ days per week OR _____ days per month
Telework Hours	_____ a.m. to _____ p.m.

_____ I acknowledge that my telework schedule may not be changed without prior written approval from my supervisor.

_____ I acknowledge that requests to work overtime, utilize sick leave, request time off, or request a leave of absence must be approved by my telemanager in the same manner as when working in a County office.

_____ I acknowledge that if I am sick while teleworking, I am required to report the hours worked, and I must use sick leave or other accrued time to cover the hours not worked.

_____ I acknowledge that the County of Ventura assumes no risk or liability for injuries to any third parties or members of my family, guests, or others present at the telework location.

_____ I acknowledge that I am responsible for designating a work space for the installation of equipment to be used while teleworking. I agree to maintain the space in a safe condition, free of hazards and other dangers to myself and to County equipment, and in a manner conducive to performing the telework assigned.

_____ I acknowledge that the County may make on-site visits to my telework location to determine if the work space is safe, to ensure the location is free from hazards, and to maintain, inspect, repair, replace, and/or retrieve County-owned equipment, software, data, or supplies.

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Telework Equipment & Supplies

_____ I acknowledge that equipment provided by the County of Ventura for the purpose of facilitating telework may be used: i) only at the regular telework location noted above; ii) only by me; and iii) only for County business.

_____ I acknowledge that I may need to use my own equipment if my department does not issue equipment.

_____ I acknowledge that I am responsible for the repair and maintenance of any personal equipment that I provide.

_____ I acknowledge that if I am issued County equipment, I am responsible for ensuring that all County equipment is used properly, and that the County will provide repair for County equipment as needed.

_____ I acknowledge that in the event of any delay in repair or replacement of County equipment, or other circumstances that would make it impossible for me to telework, my department may assign other work, request that I be moved to another work location, or request that I return to my primary work location.

_____ I acknowledge receipt of the following County equipment to support my telework:

Item:	Item:
Item:	Item:
Item:	Item:

_____ I acknowledge that I will “check out” all supplies needed for the telework assignment by contacting the appropriate office staff.

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Expenses Related to Telework

_____ I acknowledge that the County will not pay for, or reimburse, the following expenses:

- Maintenance or repairs of privately-owned equipment.
- Utility costs associated with the use of electronics.
- Costs associated with the occupation of the home/offsite work location.
- Travel expenses associated with commuting to the County office.
- Out-of-pocket expenses for supplies that are regularly available at the County office (unless approved in advanced and in writing).

Telework Provisions

_____ I acknowledge that the telework assignment is entirely voluntary and may be terminated by the teleworker or the County at any time.

_____ I acknowledge that the duties, obligations, responsibilities, and conditions of my employment with the County are unchanged due to telework. I also acknowledge that my salary, retirement, benefits, and County-sponsored insurance coverage are unchanged due to telework.

_____ I acknowledge that I must accurately report all telework hours worked and that work hours and overtime compensation must conform to County policies and procedures, MOU provisions as applicable, and to the terms otherwise agreed upon by me and my telemanager.

_____ I acknowledge that individual tax implications related to telework are my responsibility, and I understand that any questions in this regard should be posed to a tax expert, at my expense.

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Final Acknowledgements

_____ I acknowledge that I remain obligated to comply with all County rules, policies, procedures, practices, and instructions (County Policies). Violation of County policies may result in preclusion from telework and/or disciplinary action, up to and including termination of employment.

Employee Printed Name	
Employee Signature	
Date	
Manager Printed Name	
Manager Signature	
Date	