

Telecommuting Request Form

Employee Information

Name:	
Job Title:	FLSA Status:
Direct Supervisor:	Work Phone:
Elected Official/Department Director:	Work Phone:

Telecommuting Work Site

Street Address:		
City:	State:	Zip:
Work Phone:	Cell Phone:	
Description of specific workspace and location:		

Telecommuting Work Schedule

Begin Date: _____

End Date: _____

Monday: _____ to _____

Tuesday: _____ to _____

Wednesday: _____ to _____

Thursday: _____ to _____

Friday: _____ to _____

Saturday: _____ to _____

Sunday: _____ to _____

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The employee agrees to work during the designated work hours as if the employee were working from the office and to avoid engaging in activities that are not work-related. The employee agrees to comply with all recordkeeping requirements and overtime request procedures, accurately and timely record all working time, take meal and rest periods as required by law and Dallas County policy, and observe all Dallas County policies.

On-Site Visits

With a minimum of 24 hours' notice, Dallas County may visit the telecommuting location to determine if the work site is safe and to maintain, repair, inspect, or retrieve Dallas County equipment and materials. Upon termination of a telecommuting arrangement, the employee must return Dallas County equipment in the same condition, except for normal wear and tear. The employee is personally responsible for missing or damaged equipment.

Tax and Liability Implications

Tax implications of telecommuting are the responsibility of the employee. Dallas County encourages employees to consult tax professionals. The employee is responsible for any injuries to third parties on the employee's premises during the employee's telecommuting work period.

Termination of the Telecommuting Arrangement

Dallas County reserves the right to terminate this telecommuting arrangement at any time for any reason. This telecommuting arrangement does not alter the at-will nature of employment and does not provide any contractual rights to continued employment.

I agree to this telecommuting arrangement. I will abide by all policies pertinent to telecommuting, including those related to the security and confidentiality of data, systems, and equipment, and I will continue to abide by all Dallas County and departmental policies.

Name:

Signature: _____ Date: _____

I have reviewed and approved this telecommuting arrangement.

Name:

Signature: _____ Date: _____