

**SUBJECT: Emergency Telecommuting – COVID-19 Response**

**Emergency Telecommuting Agreement**

**Employee Acknowledgement:**

I, the undersigned employee (“Employee”), have read the Emergency Telecommuting Policy and the Emergency Telecommuting Agreement (“ETA” or “Agreement”) in their entirety and I agree to abide by the terms and conditions they contain. I understand and agree that the ETA is temporary and contingent upon Department Head approval. Approval does not imply entitlement to a permanently modified position or a continued telecommute arrangement.

I understand and agree that the ETA is voluntary and may be terminated at any time. I further understand that the City may, at any time, change any or all of the conditions under which approval to participate in the ETA is granted, with or without notice.

I agree to and understand my duties, obligations and responsibilities. I also understand it is my responsibility to provide adequate advance notification to my supervisor if I am unable to keep any of the agreed upon commitments and/or deliverables. If I fail to do so, I understand this Agreement may be immediately terminated.

The Agreement is valid from March 16, 2020 to the end of the County shelter-in-place orders. I understand this Agreement expires when the County’s shelter-in-place order is lifted and may not continue unless the City approves a new ETA in writing. The City may rescind this Agreement at any

Alternate Worksite: The location and address of the Alternate Worksite is:

_____	_____
Street	City
_____	_____
Zip Code	State

The phone number to reach Employee at the Alternative Worksite while working under this Agreement is:

\_\_\_\_\_.

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The Employee agrees to report work-related injuries to the Employee’s supervisor at the earliest reasonable opportunity. The Employee agrees to hold the City harmless for injury to third parties at the Alternate Worksite.

I hereby affirm by my signature that I have read this Emergency Telecommuting Agreement, and understand and agree to all of its provisions.

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Employee’s Name and Title

Date

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Employee’s Supervisor’s Name and Title

Date

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Department Head’s Name

Date

**Submit the completed and executed Agreement to Human Resources.**