



City of Oakland Telecommute Agreement and Application

Name: _____
Title _____
Email: _____
Work phone: _____
Department: _____

Supervisor Name: _____
Supervisor Phone: _____
Supervisor Email: _____

1. How frequently would telecommute? _____

2. What day(s) of the week can you telecommute?

MON ___ TUE ___ WED ___ THUR ___ FRI ___

3. Describe the typical assignments to be worked on at home:

4. Employee agrees to call-in to obtain messages at least _____
times a day while working home.

5. The employee agrees to work at the following location:

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____

Cell phone: _____

TEMPORARY TELECOMMUTE AGREEMENT

I understand and agree to the following terms and conditions:

- The temporary telecommute policy is in effect for the duration of the Local Emergency, which is currently in effect through May 10, 2020.
- My manager/supervisor has the authority to discontinue this Telecommuting Agreement at any time.
- I must regularly demonstrate the ability to work independently, communicate regularly and effectively with my manager/supervisor and other employees, and maintain a high degree of self-motivation.
- My manager/supervisor will provide performance expectations associated with this telecommuting arrangement. I must meet these expectations along with all other expectations for the Telecommuting Agreement to continue.
- I can provide a work environment that is free of interruptions and distractions.
- I am expected to devote the same time and attention to work at a telecommuting site as I would devote if the work were performed at a City of Oakland facility.
- My telecommuting worksite is safe and healthy, free from recognized hazards that are likely to cause serious injury or death.
- If I use a home computer to create or store work-related documents, I will ensure those documents are kept safe and confidential.
- I will not share my work-related documents, passwords, etc. with anyone not authorized to receive them.
- It is expected that employees will not need to store work-related documents on a home computer. However, if I use a home computer to create or store work-related documents, I will comply with records retention policies related to those work documents and fully cooperate in the production of public records requested under state law. This obligation shall survive the expiration of this Temporary Telecommuting Agreement and/or my separation from employment with the City.
- Should workplace documents stored on my home computer become subject to production for any reason, I will fully cooperate with the City of Oakland in producing documents or other lawful requests. This obligation shall survive the expiration of this Telecommuting Agreement and/or my separation from employment with the City.
- I have no entitlement to telecommute and I do not acquire such a right by being provided the opportunity to telecommute for any period of time.
- I cannot grieve the decision of my manager/supervisor to not grant, not renew, or revoke the opportunity to telecommute.

I have read, understood, and agree to the above Temporary Telecommuting Agreement terms and conditions. I understand and accept the performance expectations and rules identified by my manager/supervisor. Questions about this Telecommuting Agreement and arrangements should be directed to my supervisor. I will abide by the City of Oakland’s Temporary Telecommuting Policy or applicable collective bargaining agreement provision. My signature below signifies my understanding, agreement, and acceptance.

Employee Print Name: _____

Employee Signature: _____ Date: _____

Manager/Supervisor Signature: _____ Date: _____

DEPARTMENT DIRECTOR APPROVAL

- Approved
 - Denied
- Comments:

Department Director Signature and date: _____

Return completed Telecommuting Agreement to Human Resources at 150 Frank H. Ogawa Plaza, 2nd Floor Personnel Front Desk

Copies of signed agreement forms must be retained by the employee and supervisor.