



**NORTH CAROLINA DEPARTMENT OF ADMINISTRATION
TELEWORK PROGRAM AGREEMENT**

I, _____, hereby enter into this agreement with the Department of Administration, _____ Division to participate in the Telework program. I acknowledge that the Telework program is at the discretion of my supervisor or appropriate DOA authority. Changes to this agreement require advanced approval by the supervisor and will be attached as an amendment to this agreement.

This agreement is entered into for a period of one year and may be terminated at any time as stated in the Telework policy.

I have read the Department's current Telework Policy and the Department of Information Technology's Acceptable Use Policy and certify that I am familiar with these policies and agree to comply with the requirements therein.

My primary telework station is provided below, however, may be adjusted in an as needed basis. I agree to notify my supervisor if my telework station changes.

Work Location

Telephone

My telework schedule is _____. I understand that this schedule may be changed at the discretion of my supervisor based on the needs of the Division.

I certify that my Telework location is free from distraction (i.e. noisy pets, children, etc.).

I understand that I am responsible for the care and storage of any and all computer and work-related equipment. The Department equipment in my possession includes: _____. (VIN no). If I access Department network systems on my personal computer, I certify that I am in compliance with the Department of Information Technology's Acceptable Use Policy.

I understand that my supervisor and I will discuss and document a level of expectations in a separate document, if desired.

I certify that I have read, understood, and agreed to comply with the terms of the Department's Telework Policy and the specific terms of this agreement.

Signature

Date

Supervisor/Division Director

Date