

# Addendum

## Montana State Library Telework Agreement

### Telework Site

Employee Name: \_\_\_\_\_  
Location (specify location if in home): \_\_\_\_\_  
Address: \_\_\_\_\_

### Montana State Library Work Site

MSL makes shared work space available for remote staff at MSL. This space includes a phone and computer workstation.

### Schedule

\_\_\_\_ **Fixed:** Telework days and hours are scheduled and will not be substituted without advance approval of the manager.

Telework Days: Monday \_\_\_ Tuesday \_\_\_ Wednesday \_\_\_ Thursday \_\_\_ Friday \_\_\_ Saturday \_\_\_

Telework Time: Start: \_\_\_\_\_ Finish: \_\_\_\_\_ Total Hours Per Day: \_\_\_\_\_

Lunch: \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_ **Flexible Schedule:** Telework days may fluctuate weekly and will be mutually agreed upon by the supervisor and the employee.

Telework days permitted each week: \_\_\_\_\_

Hours of work permitted each week: \_\_\_\_\_

The supervisor must approve use of sick leave, vacation, comp time, or other types of leave in advance. Overtime must be approved in advance by the supervisor.

### Telework tasks and duties

(Describe the telework tasks, duties, and expectations)

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### Equipment

The agency is not responsible for lost or damaged private property. The state may pursue recovery from the employee for state-owned property deliberately or negligently damaged or destroyed while in the teleworker's care, custody, or control. In the event of state-owned equipment failure, the teleworker must immediately notify their supervisor and may be assigned to another project and/or work location. The employee shall surrender all state-owned equipment and data documents immediately upon request.

### Expenses

The agency will pay for the following expenses:

- Business-related telephone calls Yes \_\_\_\_ No \_\_\_\_
- Maintenance, repairs, or service, to state-owned equipment Yes \_\_\_\_ No \_\_\_\_
- Broadband Connection Yes \_\_\_\_ No \_\_\_\_
- Other: \_\_\_\_\_

Requests for reimbursement will be submitted according to agency policy for reimbursable expenses.

The agency will not pay for the following expenses:

- Maintenance, repairs, or service, to privately owned equipment.
- Utility costs associated with the use of the computer or occupation of the alternate work site.
- Homeowners' or Renters' Liability insurance to cover the use of space in the alternate work site.

### **Furnishings and Supplies**

Teleworkers will provide their own office furnishings and supplies. If the interest of the agency requires the employee to telework, agency management may provide the following state-owned office furnishings and supplies:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Communication**

Will the following be used?

- Call forwarding Yes \_\_\_\_ No \_\_\_\_
- Answering machine or voice mail Yes \_\_\_\_ No \_\_\_\_
- Receptionist or co-workers take calls Yes \_\_\_\_ No \_\_\_\_
- Video conferencing Yes \_\_\_\_ No \_\_\_\_
- E-mail Yes \_\_\_\_ No \_\_\_\_
- Other \_\_\_\_\_

The employee will call the office to obtain messages at least \_\_\_\_\_ times a day.

Call-in times: \_\_\_\_\_

The employee will promptly notify the supervisor when unable to perform work assignments due to equipment failure or other unforeseen circumstances.

Other procedures: \_\_\_\_\_

### **Terms of the Agreement**

Date telework begins: \_\_\_\_\_

Date telework agreement reviewed (minimum of annually): \_\_\_\_\_

### **Termination**

The department may terminate this agreement at any time. When possible the supervisor and/or employee will give 30 days advance notice prior to terminating this agreement.

**Other**

Describe any other conditions of this Agreement:

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**Acknowledgement**

By signing this telework agreement, I acknowledge that I have read and understand the state's and agency's telework policies and this agreement. I agree to comply with their terms and conditions. I understand this agreement's purpose is to set out the terms of my telework. This agreement is not an employment contract nor is it an amendment to one.

\_\_\_\_\_ Date: \_\_\_\_\_

Employee's Signature

\_\_\_\_\_  
Employee's name printed

By signing this telework agreement, I certify that I have discussed the terms and conditions of the state's and agency's telework policy and this agreement with the above-signed employee. The employee has been given an opportunity to ask questions and indicates an understanding of the agreement and the policy.

\_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature

\_\_\_\_\_  
Supervisor's name printed

\_\_\_\_\_  
State Librarian's Signature

