



Telecommuting Acknowledgement

Approved May 27, 2020

The following is an acknowledgement to telecommute between the City of Tulsa (City) and the undersigned employee. Please read the following and then confirm understanding and acknowledgement by initialing next to each statement, (three pages.)

Telecommuting Policy Agreement:	Initial:
Employee has read and understands the City of Tulsa's Telecommuting Policy and agrees to abide by it.	
<p>Employee agrees to:</p> <ul style="list-style-type: none"> • Maintain a safe, secure telecommuting environment containing all necessary equipment required for successfully performing the essential functions of the job. <ul style="list-style-type: none"> ▪ See attached 'Self-certification Safety Checklist for Telecommuting Worksite Form. • Successfully perform the essential functions of the job. • Incur all costs (e.g., utilities, telephone, Internet access, insurance, etc.) associated with telecommuting without reimbursement for these costs. • Safeguard confidential information used during telecommuting. • Be responsible for the care and safekeeping of all City issued equipment and property. <ul style="list-style-type: none"> ▪ See attached 'Return and Care of City Property Form. 	
The Hazardous Condition Policy does not apply to telecommuting employees when they are not working in Tulsa or its surrounding areas.	
Unless the position is designated as a "telecommuting" position and working from home is a condition of employment, telecommuting is not an employee benefit or right and employees are not entitled to telecommute. The telecommuting arrangement may be terminated by the City at any time.	
The City and the employee will have the same responsibilities for job-related accidents or injuries to the employee. The City does not assume responsibility for injury to any persons at the employee's Telecommuting Worksite. The City reserves the right to investigated work-related accidents and injuries.	
Telecommute day(s) will accommodate business requirements, and telecommuters will report to the City Worksite as requested by management.	
Compensation, benefits, and work responsibilities will not change due to participation in the telecommuting program.	
Overtime must be approved by management in advance of the work.	
Employee will not care for children and/or dependents during scheduled telecommuting hours and has made arrangements for child and/or dependent care during scheduled telecommuting hours.	
Employee will not conduct personal business during scheduled telecommuting hours.	
Meetings with coworkers or vendors will not be held at a home Telecommuting Worksite.	
The telecommuting arrangement will be reviewed periodically by the employee's department and this acknowledgement will be renewed at a minimum of every twelve (12) months. Additionally, this acknowledgement is only valid for twelve (12) months from the date it is signed (acknowledgements under PPPM 1001.9 are only valid for three (3) months from date of signature).	



Complete the following information and then sign in the space provided.

Employee Name (Print): _____ Phone: _____

Telecommuting will be performed at the following location (Telecommuting Worksite): _____

Scheduled Telecommute Days: Monday Tuesday Wednesday Thursday Friday

Scheduled Telecommute Hours: _____ a.m. to _____ p.m.

Describe scheduled days/hours employee is expected to work in the City worksite: _____

Describe the telecommuter's job duties: _____

Specifically state how the supervisor will measure success of telecommuting and the specific performance measures the employee must meet:

List the employee-owned equipment necessary for telecommuting: _____

Please indicate the category of telecommuting that is being requested: Regular Temporary

If temporary telecommuting, please list any modifications to the essential job functions that are necessary for the employee to successfully perform the job:



Authorization Signatures:

Employee: _____ Date: _____

Employee Department Head: _____ Date: _____

Personnel Director: _____ Date: _____

City Physician: _____ Date: _____

(Required for Temporary Telecommuting under PPPM 1001.9 only)

Attached:

- Return and Care of City Equipment Form
- Self-Certification Safety Checklist for Telecommuting Worksite Form