



Exhibit NN

Telework Agreement Form

Employee Name: _____

Title: _____

Supervisor: _____

Department: _____

This document specifies the details of an individual's teleworking work arrangement with their supervisor. This Agreement is to be completed by the employee, his/her supervisor and signed prior to engaging in telework. **This Teleworking Agreement may be discontinued by either the employee or the agency at any time without cause.**

I. Teleworking Work Days, Hours, Designated Workplace:

A. Teleworking Test Date & Hours:

- Telework Dates: from: _____ to: _____
- Expected working hours: _____ to _____ ; _____ to _____
- Identify contingency work if PC or Internet encounters down time:

B. Designated Workplace:

- All office work rules equally apply to the teleworking employee.
- All injuries must be promptly reported by the employee to the supervisor.
- Please briefly describe the planned telework location: (i.e. spare bedroom ...)

- Environmental Safety Considerations:
 - Ergonomics (appropriate lighting; computer location ...)
 - Power stability (Clean, reliable, appropriate power)
 - Physical hazards (i.e. torn carpet, cable tripping hazards ...)

- The employee agrees to not perform non-work activities, including basic homemaking tasks such as dishes, laundry, etc. or child care and elderly care during the times defined as when the employee is participating in the county's telework program. The employee agrees to take personal leave time to accommodate personal activities at his/her home and must notify the supervisor of this leave time.

II. Communications Accessibility:

A. Telephone coverage while teleworking:

County provided office phone number: _____

Calls will be forwarded to Home Number _____ YES _____ NO

Employee's Home Phone Number: _____

Designated emergency contact: _____

B. Internet Access:

The employee shall use a home internet connection to connect to the County's data network.

The employee's internet provider is: _____.

The employee's internet speed is: _____ up _____ down.

C. Virtual Private Network (VPN):

The employee shall use a county provided VPN account while teleworking.

The employee shall connect to their normal office PC via VPN while teleworking.

D. Electronic Mail:

The employee shall use a county provided e-mail address while teleworking.

E. Video Conference:

The employee agrees to create (if necessary) and use Skype to participate in meetings with co-workers and visitors.

Employee's Skype account: _____

Supervisor's Skype account: _____

III. Computer Equipment, Software, and Technical Support

The following equipment is provided by the county is for business use and should not be used for personal business or by persons other than the designated employee. The laptop computer must be configured to go into screen saver lockout after 15 minutes of inactivity.

Equipment List:

A. Laptop Computer: Serial # _____

B. Printer: Serial # _____

C. Cellular Phone: Number _____

IV. Confidentiality of Data & Records Management

The employee shall take all necessary measures to ensure confidentiality of data and to preserve and retain records. County data shall only be accessed remotely using a County provided laptop computer and connecting to the county's data network via a dedicated office computer. No county data will be stored on the remote computer.

V. Signature

By signing below, the employee agrees that s/he has received, read, understands, and will abide by the terms of this document and certifies that s/he understands the policies and procedures of the teleworking engagement, including the specific provisions listed above.

In consideration for being allowed to work at home, and except as otherwise provided by law, I and my heirs and assigns hereby agree to release Columbia County and all its officers, employees, and agents from any and all liability, including claims, demands, losses, costs, damages, and expenses of every kind and description including injury, death, or damage to my property, which arises out of, in connection with, or occurs during my participation in this engagement.

Employee's signature and date: _____ Date: _____

Supervisor's signature and date: _____ Date: _____