



# City of Portland Telework Agreement Form

This Agreement Form is used for City of Portland employees who are working remotely on a regular and recurring basis at a location other than a City-owned or leased facility or at City field sites. **Employees, please return your completed form to your manager or supervisor for processing.**

**Note:** If you telework fewer than twelve (12) days per calendar year, you do not need to complete a Telework Agreement Form. See HRAR 4.04 Telework for more information.

## Employee Information

|                    |  |
|--------------------|--|
| Name               |  |
| PRNR               |  |
| Job Classification |  |
| Bureau             |  |
| Division/Unit      |  |

## Contact Information

Remote employees should expect to be reasonably available through email and/or phone during their scheduled work hours, as agreed upon with their supervisors. If you do **NOT** have a City of Portland email address or City phone number, provide at least one alternate way your supervisor can contact you during scheduled work hours:

- Alternate Email: \_\_\_\_\_
- Alternate Phone: \_\_\_\_\_
- Other (*specify*): \_\_\_\_\_

## Telework Location & Schedule

This Agreement will be effective: \_\_\_\_\_ to \_\_\_\_\_

My primary telework location will be: \_\_\_\_\_

City/Town Name

State



- I will be working from:
- My home or another person's home
  - A public space (e.g. library)
  - Other (specify): \_\_\_\_\_

- Are you [FLSA exempt or non-exempt](#)?
- I am a FLSA non-exempt employee
  - I am a FLSA-exempt employee
  - Not sure

**Acknowledgment for [FLSA non-exempt](#) employees only:** I understand that if I am a FLSA non-exempt employee that I am required to take my scheduled breaks and lunch period during my workday. I also understand that I should not work outside of my scheduled work hours unless my supervisor has approved overtime or other changes to my schedule.

- By selecting this box, I acknowledge that I am a FLSA non-exempt employee and agree to the conditions in the above paragraph.

Use the following chart to describe your anticipated work schedule:

| Day       | Work hours | Primary Work Location |
|-----------|------------|-----------------------|
| Monday    |            |                       |
| Tuesday   |            |                       |
| Wednesday |            |                       |
| Thursday  |            |                       |
| Friday    |            |                       |
| Saturday  |            |                       |
| Sunday    |            |                       |

If needed, provide any additional information regarding your telework schedule below:



## Telework Equipment

Please identify any work equipment you will be using to telework, and who owns the equipment. Enter “N/A” or leave the field blank if you are not using a specific equipment.

| Equipment                          | Ownership | Identification Number<br><i>If City-owned</i> |
|------------------------------------|-----------|---|
| Computer                           |           |   |
| Computer Monitor(s)                |           |   |
| Tablet (e.g. iPad)                 |           |   |
| Keyboard                           |           |   |
| Mouse                              |           |   |
| Printer                            |           |   |
| Fax machine                        |           |   |
| Landline telephone                 |           |   |
| Mobile cellphone                   |           |   |
| Office chair                       |           |   |
| Other ( <i>specify</i> ):<br>_____ |           |   |
| Other ( <i>specify</i> ):<br>_____ |           |   |
| Other ( <i>specify</i> ):<br>_____ |           |   |
| Other ( <i>specify</i> ):<br>_____ |           |   |

## Workplace Safety

Employees are responsible for ensuring their remote work location is safe, secure, and ergonomically correct. For suggested guidance, review the Bureau of Risk and Financial Services’ (BRFS) [Ergonomic Guidelines for Telework](#) and [Telework Safety Guidance](#).

## Reasonable Accommodation Notice

Employees who may need a reasonable accommodation when teleworking because of a disability, pregnancy, lactation, or observation of a religious practice should contact their [Human Resources Business Partner](#) (HRBP). For more information, read [HRAR 2.06 Reasonable Employment Accommodations](#).



## Employee Acknowledgements

My signature below indicates that:

- I have read and agree to abide by all provisions within the City of Portland's [HRAR 4.04 Telework](#).
- I agree to abide by all City [Human Resources Administrative Rules](#) (HRARs), [core values](#), information security requirements, and my bureau's policies at all times while teleworking. This includes, but is not limited to, rules on timekeeping and confidential information.
- I agree to structure my time to ensure my attendance at required meetings and events as designated by my supervisor.
- I accept the responsibility I have as a teleworker to facilitate communication with customers and colleagues. I further agree to make a special effort to stay current on department events which affect my work that occur on telework days.
- I agree to keep my supervisor informed of my progress on assignments worked on while teleworking. I also agree to keep my supervisor informed of any problems I may experience while teleworking.
- I understand and agree that all equipment, records, files, manuals, forms, materials, supplies, software, computer programs and other materials furnished to me by the City, used on the City's behalf or generated or obtained during the course of my employment shall remain the property of the City. I understand that I am a holder of this property for the sole use and benefit of the City and will take all reasonable precautions to safely keep and preserve such property.
- I understand that in the event that I cease working for the City while teleworking, or if my teleworking agreement ends, that all City property must be returned to the City **as soon as possible but no later than fifteen (15) calendar days**. I understand that if I fail to return City-owned property, the City may seek recovery for damages from me through any and all legal means.
- I understand that it is my responsibility to maintain a safe, secure, and ergonomic work environment, and that I must immediately report work-related injuries to my supervisor.
- I understand teleworking is a mutually agreed upon work option between myself and my supervisor. I understand that I, my supervisor, or my Bureau Director may modify or end my teleworking arrangement at any time.



## Employee Signature

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Manager/Supervisor Signature

I have reviewed and approve this Telework Agreement.

Manager/Supervisor Name: \_\_\_\_\_

Manager/Supervisor Signature: \_\_\_\_\_

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