



OFFICE OF PERSONNEL & LABOR RELATIONS

CITY OF SYRACUSE, MAYOR BEN WALSH

TELEWORKING AGREEMENT

Donna D. Briscoe
Director

Employee Information

Name: _____ Hire date: _____

Job title: _____

Department: _____

FLSA status (If unsure of FLSA status, call Human Resources at 315-448-8780):

_____ Exempt _____ Nonexempt

Trial Period Start Date: _____ **Evaluation Date:** _____

During the three month trial period, supervisors should schedule regular meetings to discuss work progress and problems and at the end of the trial period, complete a formal evaluation of the arrangement to be reviewed by the Department Head.

The employee agrees to the following conditions:

- Teleworkers will be as accessible as their on-site counterparts during their agreed upon scheduled work hours, and reachable through electronic means, regardless of their work location.
- In person City meetings, including meetings with third parties, may be conducted off-site, but not in an employee's residence.
- Teleworkers are expected to attend on-site meetings related to the performance of their jobs, as necessary.
- Nonexempt employees will obtain supervisor approval prior to working unscheduled overtime hours.
- The employee will comply with all City of Syracuse rules, policies, practices and instructions that would apply if the employee were working at the employer's work location.
- The employee will maintain satisfactory performance standards.
- The employee will make arrangements for regular dependent care and understands that teleworking is not a substitute for dependent care.
- The employee will complete *The City of Syracuse Safety Checklist* at least twice per year.
- The employee will report work-related injuries to his or her manager as soon as practicable.
- The employee will ensure the protection of proprietary or confidential City and constituent information accessible through the use of locked file cabinets and desks, regular password maintenance, and any other measures appropriate for the job and the environment.

**Office of Personnel &
Labor Relations**
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Employee Schedule: _____

The City will provide the following equipment: _____

The employee will provide the following equipment: _____

Supervisor's Expectations (to be used during Telework Evaluation):

1. _____
2. _____
3. _____
4. _____
5. _____

I, _____, understand that this agreement does not create a contract of employment with the City. I have read the City of Syracuse Teleworking Policy and Procedure and agree to follow all terms of the Teleworking Agreement. I understand permission to telework can be withdrawn at any time by either party.

Employee Signature

Date

Department Head Signature

Date

Human Resources Signature

Date

**Teleworking agreements should be saved in the employee's personnel file*