



Telework Acknowledgement Form

EMPLOYEE'S INFORMATION	
Name:	ID#:
Job Title:	Division:
Address of Remote Work Location:	
Actual/Proposed Telework Start Date:	

EMPLOYEE'S ACKNOWLEDGEMENT	
<p>I have reviewed the City of Akron's Telework Policy, and agree to the terms of the policy. I understand that I should consult with my manager if I have any questions about the information in the policy. I acknowledge that changes to the Telework Policy may occur and all such changes will be communicated through official notices. I understand that revised information may supersede, modify, or eliminate the existing policy.</p> <p>I understand that my remote work arrangement may be modified or discontinued by the City of Akron at any time at its sole discretion. I further understand that I am required to follow workplace policies and procedures whether I am working in the office or remotely. In addition, I understand that if I am permitted to work remotely, any property provided for my use remotely remains the sole property of the City of Akron, may be used only for business purposes, and must be returned upon request.</p> <p>I agree to regularly communicate with my supervisor and provide updates on my work activities. I agree to maintain satisfactory performance standards and remain accessible and productive during scheduled work hours.</p> <p>I will maintain a safe and secure work environment at all times. I acknowledge that my employer may need to have access to the telecommuting location for purposes of assessing safety and security, upon reasonable notice. I will report any work-related injuries to management as soon as practicable in compliance with City policy.</p> <p>I acknowledge that this Telework Agreement is neither a contract of employment nor a modification of my employment status.</p>	
_____	_____
Employee Signature	Date

Return this form to the Department of Human Resources. HR shall upload this form into Onbase or similar online platform to be shared with OIT.

Created 5/2020, Revised 9/2020

CITY EQUIPMENT FOR USE AT TELEWORK LOCATION:

EQUIPMENT	CITY ID TAG/SERIAL NUMBER	DATE ASSIGNED	EMPLOYEE'S INITIALS	DATE RETURNED	EMPLOYEE'S INITIALS

Supervisor/Managers must sign below to acknowledge that the equipment listed on this form will be used for teleworking purposes. By signing this form, the supervisor/manager is also acknowledging responsibility for following up with the employee regarding the return of City equipment when the telework arrangement is discontinued, including notifying OIT of the discontinuation of the telework arrangement.

Manager/Supervisor Signature

ID#

Date

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