

**ALLEGHANY HIGHLANDS PUBLIC SCHOOLS****REQUEST FOR INDIVIDUAL TELEWORK**

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(Note: Eligible employees must submit this form to their supervisor. Supervisors will provide a copy to the Department of Human Resources and Pupil Personnel.)

Employee Name: \_\_\_\_\_

Location/School/Building: \_\_\_\_\_

Position or Title: \_\_\_\_\_

Current Weekly Work

Hours/Schedule: \_\_\_\_\_

Requested Telework Arrangement (Include alternate work location and work schedule): \_\_\_\_\_

Reason for

Request: \_\_\_\_\_

Effective Date: \_\_\_\_\_ End Date: \_\_\_\_\_

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

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**TO BE COMPLETED BY SUPERVISOR**

Is the employee's alternate work location appropriate? (yes) (no)

Does the employee meet the criteria for telework as outlined in Policy (yes) (no)

Approved by:

Supervisor's Name: \_\_\_\_\_

Signature and Date: \_\_\_\_\_

Director of Human Resource: \_\_\_\_\_

Signature and Date: \_\_\_\_\_

**ALLEGHANY HIGHLANDS PUBLIC SCHOOLS****TELEWORK AGREEMENT**

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As an AHPS employee, I understand and agree to the following conditions while teleworking:

1. I will remain accessible and productive during scheduled work hours.
2. I will ensure my workplace is free of distractions.
3. I will record all hours worked and meal periods taken in accordance with regular timekeeping practices (if a non-exempt employee).
4. I will obtain supervisor approval prior to working unscheduled overtime hours (if a non-exempt employee).
5. I will report in person to my primary AHPS work location when necessary, as determined by my supervisor.
6. I will communicate regularly with my supervisor and co-workers, which includes a weekly written report of activities if requested by my supervisor.
7. I will comply with all AHPS rules, policies, practices and instructions that would normally apply if working in person at my primary work location.
8. I will maintain satisfactory performance standards.
9. I will make arrangements for regular dependent care and understand that telecommuting is not a substitute for dependent care. During public health emergencies, exceptions may be made for caregiving responsibilities.
10. I will maintain a safe and secure work environment at all times.
11. AHPS may have access to my remote work location to assess its safety and security, upon reasonable notice and request by my supervisor.
12. Any work-related injuries must be reported to my supervisor as soon as practicable.
13. My supervisor will set norms and expectations for job performance under remote-work conditions.
14. No office supplies are issued for telework. All documents should be produced in electronic format.
15. AHPS equipment will not be used by others and will only be used for business-related work.
16. I will not make any changes to security or administrative settings on AHPS equipment.
17. All tools and resources provided by AHPS remain AHPS property at all times.
18. I will protect AHPS tools and resources from theft or damage and will report theft or damage to my supervisor immediately.
19. I will comply with AHPS policies and expectations regarding information security.

20. I will ensure the protection of school division and student information accessible from my alternate work location.

21. AHPS does not reimburse employees for remote work expenses.

22. All terms and conditions of AHPS employment remain unchanged, except those specifically addressed in this agreement.

23. AHPS may modify this agreement on a temporary or permanent basis for any reason at any time.

24. AHPS equipment and documents must be returned within five days of separation of employment.

25. In accordance with Policy GAB (Acceptable Computer System Use), the AHPS computer system is not a public forum. Therefore, employees are responsible for ensuring that any video background is professional or neutral in appearance.

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

Approved by: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Signature and Date: \_\_\_\_\_

Approved by School Board 2.13.2023