

VCOE Working From Home Agreement

EMPLOYEE ACKNOWLEDGEMENT:

I, the undersigned employee ("Employee"), have read Superintendent Policy 4113.5/4213.5 and Administrative Regulation 4113.5/4213.5 in their entirety and I agree to abide by the terms and conditions they contain. I understand and agree that this agreement is temporary and contingent upon my Department Administrator and Superintendent approval. Approval does not imply entitlement to a permanently modified position or a continued working from home arrangement.

I understand and agree that the agreement is voluntary and may be terminated at any time. I further understand that VCOE may, at any time, change any or all of the conditions under which approval to participate in the agreement is granted, with, or without notice.

I agree to and understand my duties, obligations, and responsibilities. I understand and agree that these duties, obligations, and responsibilities include, but are not limited to the following:

- If I am unable to work from home due to a qualifying reason for which I am eligible to utilize leave (pursuant to Superintendent Policies 4161 thru 4162.2 and 4261 thru 4263), I must notify my supervisor on the first workday on which I need to take such leave, or as soon as practical thereafter. If I cannot work from home because I need to care for my child as the result of my child's school or place of care being closed or child care provider being unavailable, I will need to contact my supervisor and Human Resources immediately.
- I will comply with Superintendent Policy 4113.5/4213.5 and Administrative Regulation 4113.5/4213.5 as a condition of working from home and as agreed to by this agreement.
- If I am unable to keep any of the agreed upon commitments and/or deliverables for the duties of my position for any reason, it is my responsibility to provide adequate advance notification to my supervisor.
- If I fail to provide notice as required by VCOE policies, procedures, regulations, or other rules, I understand that this agreement may be immediately terminated.

The agreement is valid beginning _____. I understand this agreement is subject to the successful performance of my duties and is at the discretion of VCOE to rescind this agreement at any time.

The location and address of my alternate worksite:

_____ Street

_____ City

_____ State

_____ Zip Code

The phone number(s) to reach the employee at the alternative worksite while working at the alternate worksite: Type _____ (_____) _____ - _____ Type _____ (_____) _____ - _____

In order to accurately plan the work year and work only the amount of days authorized for my position, I will complete my work year schedule in advance and plan my noncontract days. This will further clarify the expectations of my availability while working from home. The days and hours VCOE expects me to be physically present at the alternative worksite and working to fulfill the duties of my position:

Day	Morning		Lunch	Afternoon		Total Hours
	Start	End		Start	End	
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						

The total number of days I am authorized and paid to work annually: _____

Below are the planned days I will work during the year and I understand and agree that I will not be working on holidays or weekends.

Possible days	20/2021																															Total		
	MO.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30		31	
22	JULY			H																														
21	AUG																																	
21	SEPT																																	
22	OCT																																	
18	NOV																																	
20	DEC																																	
19	JAN	H																																
18	FEB																																	
23	MAR																																	
21	APR		H																															
20	MAY																																	
22	JUNE																																	
Total Days:																																		

The employee agrees to report work-related injuries to the employee’s supervisor at the earliest reasonable opportunity. The employee agrees to hold VCOE harmless for injury to third parties at the alternate worksite.

I hereby affirm by my signature that I have read this Working From Home Agreement, and understand and agree to all of its provisions.

Employee's Name and Title

Employee's Signature Date

Supervisor's Name and Title

Supervisor's Signature Date

Branch Administrator's Name and Title

Branch Administrator's Signature Date

County Superintendent's Signature Date

Human Resource Administrator's Name and Title

Human Resources Signature Date

