Employee News	Employee & Supervisor Information	
Employee Name		Employee ID #
Remote Work Location Address		
City, State, & Zip Code		
Personal Cell Phone #	Work Cell # (if applicable)	Office Phone #
Supervisor's Name	Division/Department	Supervisor's Phone #

- 1. Remote work schedules (including days and times) and locations must be approved in advance by the supervisor. Any temporary change to the agreed-upon schedule must be approved by the supervisor. Remote work schedule changes lasting more than one pay period must be approved by the supervisor and must be documented on an updated Remote Work Agreement that is submitted to Human Resources. Indicate the type of remote work schedule in which you wish to participate (see the Remote Work Program Policy and Procedures for a definition of these schedules).
- 2. Remote work days will typically be on (check all that apply) __Su __M__T__W__Th___F___Sa

Notes:

3. Remote work hours: Specify the work schedule for telework days. (i.e. 8:00 a.m. - 5:00 p.m.)

Communication & Expectations

Supervisor to complete and review with the employee.

1. Check-in expectations (e.g., meet with me or lead on assignments to complete today update Teams status, n/a, etc.):
2. You are expected to be available during the agreed-upon hours as outlined in thi agreement via:
EmailPhone/Text[Z] Teams chat C] Teams videoOther, specify:
3. If you have an emergency that impedes your ability to work remotely, you are expected to notify me or the appropriate party via:
EmailPhone/Text Teams chat [3 Teams videoOther, specify:
4. End of day expectations (e.g., update your Outlook calendar with assignments completed during the day, send a detailed email of work completed, etc.)
5. Other, outline other expectations as you see necessary.

Employee & Supervisor Agreement

This arrangement will be reviewed regularly, either on a routine schedule upon change in assignment or position, or at the supervisor or department's request, to ensure the guidelines for participating in the program are being followed and that all information remains current.

It is understood that, at certain times, it may be necessary for the remote work schedule to be modified to meet critical deadlines or department needs (i.e., required to work onsite on regularly schedule remote workdays due to meetings, etc.)

I have read and understand the Pima County Superior Court Remote Work Program Policy and Procedures and related instructions. By signing below, I acknowledge that I must abide by applicable policy and procedures to participate in a telework work schedule and this agreement may be revoked at any time at the discretion of the supervisor or employee. **Employee Signature** Date Supervisor Signature Date Administrator/Director Date Deputy Court Administrator/Deputy Date Chief Supervisor Review The following must be reviewed by the supervisor before the employee begins teleworking. _ The employee and supervisor have read, agreed to and signed (initialed) the Department's Remote Work Program Policies and Procedures. _ The employee and supervisor have both completed Telework Training & Ergonomic Training. __ The employee is familiar with requirements pertaining to the security and confidentiality of data and information $_$ Contact expectations have been discussed and documented in the Communication & Expectations sections of this agreement. Appropriate unit staff have been informed of communication methods.

Supervisor's Signature	Date	
	Date	