

**STATE OF MARYLAND TELEWORK POLICY (POST-PANDEMIC)
TELEWORK AGREEMENT**

This Agreement is between the Employee and the Employing Agency (Agency). The Employee and the Agency, intending to be legally bound, agree as follows:

SCOPE OF AGREEMENT

The duties, obligations, responsibilities, and conditions of Employee’s employment with the Agency remain unchanged while teleworking.

The State of Maryland’s [Telework Policy \(Post-Pandemic\)](#) or “the Policy,” is hereby referred to and made a part of this Telework Agreement. By signing the Telework Agreement, the Employee and the Agency agree to abide by the terms of the Policy and any subsequent changes to it.

DURATION OF AGREEMENT

This Agreement shall become effective as of the date signed and shall remain in full force and effect until terminated by the Agency or by the Employee, with the Agency’s consent.

Revocation of telework privileges may occur at the sole discretion of the Agency Head or designee if the Employee fails to comply with the Policy. Nothing in the Policy or this Agreement precludes the Agency from taking any appropriate action, up to and including termination from State service, against the Employee for failing to comply with the provisions of the Policy or this Agreement.

_____ Employee’s Name (Printed)	_____ Employee’s Signature	_____ Date
<p>By my signature below, I affirm that, as Employee’s supervisor, I have reviewed this Agreement with Employee and will assume responsibility as the Agency’s representative for ensuring that all terms and conditions of the Policy are met.</p>		
_____ Supervisor’s Name (Printed)	_____ Supervisor’s Signature	_____ Date
_____ Agency		

TELEWORK SCHEDULE

The following telework schedule is agreed upon in support of the Teleworking

Agreement between _____ and _____
Name of Employee Agency
on _____
Date

Main Work Site Address: _____

Telephone No.: _____

Remote Work Site Address: _____

Telephone No.: _____

Work Hours/Location

DAY	HOURS	M – Main, R – Remote
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____
Saturday	_____	_____
Sunday	_____	_____
Monday	_____	_____
Tuesday	_____	_____
Daily Lunch Break	_____	

Employee: _____

Date: _____

Supervisor: _____

Date: _____

TELEWORK WORK PLAN

Teleworker's Name: _____ Telework Date: _____

Supervisor's Name: _____

This Telework Work Plan is intended to clearly define work expectations each time an employee works at a remote work site. Part I of the Work Plan must be completed by the supervisor before each telework day. After the telework day, the teleworker must provide the completed Work Plan (Part II) and associated deliverables to the supervisor.

PART I: Assignments and Deliverables (To be completed by the Supervisor) – Indicate assignments and specific deliverables prior to telework date, and initial after telework date to indicate completion.

ASSIGNMENTS	SPECIFIC DELIVERABLES	ACKNOWLEDGEMENT OF COMPLETION

PART II: Hourly Work Log (To be completed by Teleworker) – The teleworker must detail the work performed during each hour of the telework day. Attach additional pages if needed.

HOUR	WORK DESCRIPTION

Employee's Signature

Date

Supervisor must sign the completed Telework Work Plan and submit it to the Agency Personnel Office within one week of the telework day.

Supervisor's Signature

Date

Agency Personnel Officer's Signature

Date