



Telework Schedule and Acknowledgement

Employee Name: _____ Date: _____

Agency Name: _____ Department: _____

Notice of Intent to Collect Private Information

This Telework Schedule and Acknowledgement form requests you to provide private data, including:

- Telework schedule
- Telework location (which may be your home address)
- Special conditions

This information is being requested for the purpose of determining your telework location and telework schedule. You are not required to provide the requested information, however, if you refuse to supply the information you may be denied the opportunity to telework.

The data you provide may be accessed by Human Resources and other agency employees if their work assignments reasonably require access, MNIT Services staff, Minnesota Department of Administration, and Minnesota Management and Budget. The data you provide may also be accessed by persons or entities authorized by law or court order to access private data, including the Minnesota Attorney General's Office, the state or legislative auditor, and law enforcement agencies with proper authority.

TELEWORK SCHEDULE

Effective date of telework schedule (mm/dd/yyyy): _____

In accordance with HR/LR Policy #1422 (select one):

Teleworker will report to work on-site a minimum of 50% of scheduled workdays.

Teleworker meets an exception and will telework more than 50% of scheduled workdays.

During the period of approved telework, the following will be the employee's normal telework schedule. Occasional adjustments to the telework schedule may be approved by the employee's supervisor that does not require approval of new Telework Schedule and Acknowledgement Form. All overtime work must be pre-approved by the employee's supervisor.

If your schedule is the same each week, only complete week 1. If your schedule differs each week, complete weeks 1 and 2.

Week 1 Telework Schedule

Day of the Week	Work Hours Example: 8:00 AM – 4:30 PM	Location T = Telework O = Agency Office
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Week 2 Telework Schedule (if applicable)

Day of the Week	Work Hours Example: 8:00 AM – 4:30 PM	Location T = Telework O = Agency Office
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

TELEWORK LOCATION

Employee's Home

Other Location: _____

EQUIPMENT/SUPPLIES

You must follow normal office supply request procedures for office supplies, such as pens, paper, or notepads, needed for your telework location. Expenses for telework equipment or supplies will be reimbursed only if pre-approved and to the extent reimbursement is provided by your collective bargaining agreement (CBA) or compensation plan, and consistent with applicable agency and statewide policies. Except for any equipment and supplies provided by the agency, the agency assumes no responsibility for operating costs associated with the telework location, including but not limited to maintenance or modification of the telework location, internet, telephone, furniture, utilities, and insurance. **All state-owned equipment and supplies must be returned when the telework arrangement ends.**

Please list any state equipment, software, and/or supplies.

Item Type	Fixed Asset Number	Serial Number	New Purchase? (Yes/ No)	If new, what was the cost?
1				
2				
3				
4				
5				

COMMUNICATION/AVAILABILITY

Teleworkers are responsible for attending all required meetings unless their supervisor approves otherwise. They must also be available and reachable during the telework schedule by customers, co-workers, supervisors/managers, and agency leadership.

REVIEW/RENEWAL

The Telework Schedule and Acknowledgement must be reviewed at least annually. The Telework Schedule and Acknowledgement also must be reviewed if any of the following occur: 1) a change in teleworker's job duties; 2) a change in the teleworker's or supervisor's position; or 3) a change in any of the provisions documented in this Telework Schedule and Acknowledgment form, including the Teleworker's telework location.

CHANGE/CANCELLATION

This telework arrangement can be changed or cancelled by the agency at any time. The agency's decision to approve or not approve, to change, or to cancel a telework arrangement is not subject to the grievance procedure. Telework is not subject to appeal unless otherwise provided by an applicable CBA or compensation plan.

If the teleworker wishes to cancel the telework arrangement, the teleworker must give advance notice of at least three weeks to their supervisor of the cancellation to enable the supervisor to provide adequate space at the permanent/principal work location, minimize disruption, and meet business needs. Workspace provided upon cancellation may be located wherever space is available at the permanent/principal work location.

ADDITIONAL ATTENDANCE (Required*)

*At supervisors' discretion, employee is required to report onsite depending on business needs.

Additional conditions can be selected as well. Check all that apply:

Teleworker is required to attend all team meetings that occur monthly at an onsite work location.

Teleworker is required to attend all team meetings that occur quarterly at an onsite work location.

Teleworker is required to attend all team meetings that occur annually at an onsite work location.

Employee is required to attend any onsite partner meetings, identified by either their partner or supervisor as a business need.

Employee is required to attend trainings, events, seminars, etc. onsite as this business need requires.

Teleworker is required to report onsite a minimum of day(s) a month.

_____ Number of day(s) per month employee is required to report onsite.

Employee will provide onboarding or training onsite and will come in as this business need requires.

Employee provides back up for identified onsite service(s). Should the primary employee that provides the identified service(s) be unavailable, employee will provide back up at an onsite location when requested by supervisor.

SPECIAL CONDITIONS

List any additional instructions, conditions, restrictions, or exceptions relating to this telework arrangement.

ACKNOWLEDGEMENTS

I understand, acknowledge and agree to the following:

Telework is a staffing and work arrangement to be used at the sole discretion of the agency if it meets agency business needs. As such, my telework arrangement may be changed or cancelled at any time. The agency's decision to approve or not approve, to change, or to cancel a telework arrangement is not subject to the grievance procedure. Telework is not subject to appeal unless otherwise provided by an applicable collective bargaining agreement (CBA) or compensation plan.

Telework hours are regular work hours and I may not use telework hours to perform personal activities. Just as with regular work hours, teleworkers are expected to follow agency vacation and sick leave policies and procedures to request time off from work to engage in non-work activities. While the presence of dependents or others in the household should not be a bar to teleworking, employees should not be engaging in dependent care activities when performing job duties. While occasional, brief interruptions may occur, interruptions should be kept to a minimum to avoid work disruptions.

My work duties and responsibilities are not altered by teleworking, and I am responsible for meeting performance expectations and standards and maintaining satisfactory work performance.

My salary and benefits are not altered by teleworking.

Expenses will be reimbursed only if pre-approved by my supervisor, and only to the extent that reimbursement is provided by my CBA or compensation plan, and consistent with applicable agency and statewide policies. Unless reimbursement is explicitly authorized by my supervisor, CBA/compensation plan, and policy, I am responsible for supplies and expenses necessary to perform telework at my telework location.

It is my responsibility to ensure that my telework location will accommodate any state equipment necessary for me to conduct my work. I must protect my telework location from hazards and dangers that could affect the equipment, and I must ensure my telework location is conducive to work.

I must return all state-owned equipment and supplies immediately upon termination of my telework arrangement.

If I provide the equipment used during telework, I am solely responsible for servicing and maintaining it.

I may only use any and all state-owned equipment, software, data and supplies located at my telework location for the sole purpose of conducting state business.

I must notify my supervisor immediately if I experience equipment malfunctions or connectivity issues which prevent me from teleworking. In this instance, I may be assigned other work, asked to report to my

permanent/principal work location, asked to take approved leave pending resolution of the issue, and/or allowed to flex my time at my supervisor's discretion.

I must report any accidents or injuries that occur while I am teleworking to my supervisor immediately.

I must maintain and safeguard data in accordance with all laws, rules, regulations, and policies regarding data practices, data privacy and data retention. All data created and maintained during my telework arrangement generated for the purpose of conducting state business is subject to the Minnesota Government Data Practices Act and the state's records management statute, regardless of whether the telework is performed using state-owned or employee-owned equipment. This means the I am responsible for following proper retention and disposal procedures, such data remains the property of the state, and I must return all such data to the state upon request of the agency, upon termination of the telework arrangement if applicable, or upon my separation from employment.

I am required to comply with all agency policies, guidelines, rules, regulations, and state and federal laws while I am teleworking in the same manner as if I was not teleworking.

I have read the [Telework Policy \(HR/LR Policy #1422\)](#) and agree to comply with its terms and conditions.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

HR Representative: _____ Date: _____

Office Use Only:

Original to Personnel File

Copy to Employee

Copy to Supervisor