

KANSAS DEPARTMENT OF AGRICULTURE TELEWORK AGREEMENT

Name <i>(Last, First):</i>	Requested Start Date <i>(Must be the first day of payroll period):</i>
Job Title / Exempt or Non-Exempt:	Requested End Date <i>(if terminating telework):</i>
Program	Requested Total Hours Teleworked per Week:

Schedule Work Hours

Schedule:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Beginning Time:							
Lunch Period Length:							
Ending Time:							
Location:							

Special Provisions *(including equipment as required by supervisor/program manager):* _____

Home Office Address: _____

Phone Number During Telework Hours: _____

By signing this Telework Agreement hereunder, I hereby certify:

- I hereby affirm by my signature that I have read the KDA Telework Policy and understand and agree to all of its provisions.
- I acknowledge the Kansas Department of Agriculture is offering telework as a courtesy to KDA employees and not as an employee benefit or entitlement.
- I acknowledge KDA reserves the right to terminate an employee's Telework Agreement, with or without cause, or to cancel or retire the program in part or in its entirety, with or without cause.
- Supervisors, program managers or division directors terminating a Telework Agreement must notify the employee and Human Resources in writing (official KDA email is acceptable).
- I am responsible for protecting state-owned or -issued equipment from theft, damage, and unauthorized use. All equipment, records, and materials provided and produced shall remain the property of KDA.
- I understand that I will remain accessible by email and phone during designated work hours, and that management retains the right to modify this agreement on a temporary basis based upon business necessity. The expectation is that the assigned work phone will be forwarded to my home or work phone as indicated above during all telework periods.
- I understand that I am responsible for meeting deadlines and job responsibilities as required by my supervisor, program manager, division director, and the Kansas Department of Agriculture.

Employee (Signature) Date

Supervisor (Signature) Date

Program Mgr (Signature) Date

Division Director (Signature) Date

Secretary (Signature) Date