



# Telework Agreement

Employee's Name:		Date of Request:
Employee's Direct Supervisor:		
Employee's Division/Office:		
Effective Date	End Date	Indicate Alternate Worksite: _____ Home: _____ Other: _____ (Identity)
Address of Alternate Worksite		Phone of Alternate Worksite:  Indicate Dates and Times at Alternate Worksite: (attach additional sheet if needed):
Work assignment to be performed at the alternate worksite:		
DHS equipment received and serial or tag number (attach additional sheet if needed):		
<p>I understand that if approved this agreement is subject to all DHS guidelines, rules and regulations.</p> <p>I have read and understand the attached Telework Administrative Directive, 01.02.02.290, and agree to the duties, obligations, responsibilities, and conditions for teleworkers described in that document.</p> <p>I understand that teleworking is voluntary and that the Illinois Department of Human Services reserves the right to change any or all of the conditions under which I telework or terminate the telework arrangement at any time.</p>		
Employee's Signature:		Date:
Direct Supervisor's Signature:		Date:
DHS Secretary's Signature:		Date:
<input type="checkbox"/> Approved Reason not approved (attach additional sheet if needed): <input type="checkbox"/> Disapproved		
<b>Request to Terminate Agreement</b>		
Date: _____ Name of individual requesting termination agreement:	Reason for termination of agreement - attach additional sheet if necessary:	
Effective Date of Termination: _____		Date of Return of Equipment: _____