

## **TELECOMMUTING ACKNOWLEDGEMENT**

The County considers telecommuting to be a viable alternative work arrangement in cases where individual and job characteristics are suited to such an arrangement. It is not an entitlement; it is not a County-wide benefit; and it in no way changes the terms and conditions of employment.

### **GENERAL WORK ARRANGEMENTS**

This document specifies the terms and conditions of the Telecommuting Acknowledgement between [Employee Name]

and [Department Head Name]

of Cook County Bureau/Department of [Department Name]

beginning on [Date] and ending on [Date].

The maximum duration of this Acknowledgement cannot exceed a 6-month period. After a 6-month period, a new Acknowledgement must be entered.

The days and hours when the employee is expected to be present in the office or department are [List days]

between the hours of [List hours]

and additional times designated by the Department Head for office or for department meetings, etc.

1. The Alternative Worksite is [Address]
2. The days and hours when the employee is expected to Telecommute [List days]

and [List hours]

3. The employee's duties and responsibilities:
  - a. Will remain the same as when working at the Official Worksite (regular County worksite); OR
  - b. The specific duties and assignments authorized to be conducted at the Alternative Worksite are [specify duties or indicate to see attached description of duties and expectations].

4. Effective communication is essential for this arrangement to be successful. The employee agrees to remain accessible during their assigned work schedule. The following methods and times of communicating are agreed upon: **[specify contact methods, contact individuals, and required frequency of communication]**.
  
5. The Department Head may change or terminate the Acknowledgement with forty-eight (48) hours prior notification for any articulable reason as long as the reason is not based upon unlawful discrimination or Political Reasons or Factors. The employee may request to change or terminate the Acknowledgement with seven (7) days' notice given to their Department Head.

#### **PERSONNEL POLICIES & PROCEDURES**

1. All applicable Personnel Rules and County Policies shall apply.
2. Non-Exempt Employees:
  - a. Must track and record their hours worked pursuant to Cook County time and Attendance Policy.
  - b. Requests to work overtime, use sick leave, vacation, or other leave must be approved by the employee's Department Head in the same manner as required when working at the Official Worksite.
3. The employee agrees to, and understands that all obligations, responsibilities, terms, and conditions of employment with the County remain unchanged, except those obligations and responsibilities specifically addressed in this Acknowledgement.
4. The employee agrees to and understands that management retains the right to modify this Acknowledgement at its discretion.

#### **SAFETY, EQUIPMENT, & INFORMATION SECURITY**

1. The employee agrees to maintain a work environment that is clean, safe, and free of obstructions and hazardous situations.
2. The employee agrees to use County-owned equipment, records, and materials for purposes of County business only, and to protect them against unauthorized or accidental access, use, modification, destruction, theft or disclosure. The precautions described in

this Acknowledgement apply regardless of the storage media on which information is recorded, the locations where the information is stored, the systems used to process the information, or the processes by which the information is handled.

3. The employee agrees to report to their Department Head any instances of loss, damage, or unauthorized access at the earliest reasonable opportunity.
4. The employee agrees to report work-related injuries to the Supervisor as soon as practicable.
5. The employee has received a copy of the Acceptable Use Policy and agrees to abide by its provisions. The employee understands that failure to do so may result in rescission of this Telecommuting Acknowledgement as well as any other penalties provided in the Acceptable Use Policy.

#### **EQUIPMENT, FURNITURE, & SUPPLIES**

1. The employee agrees that the Cook County Bureau of Technology will supply the following equipment and software: **[Specify items provided]**.
2. The employee understands that all equipment provided by Cook County, records, and materials produced in the performance of the employee's duties shall remain property of Cook County.
3. The employee agrees to return County equipment, records, and materials within **[Number]** days of termination of this Acknowledgement.
4. All County equipment will be returned to the Bureau of Technology by the employee for inspection, repair, replacement, or repossession with **[Number]** days' written notice.
5. All equipment, furniture, and/or supplies not listed in item one will be supplied and maintained by the employee.
6. If the equipment is damaged, stolen or lost, the employee will be held responsible and may be liable for replacement cost.

## NO POLITICAL CONSIDERATION CERTIFICATION

With respect to all County jobs under the jurisdiction of the Cook County Board President that are not exempt under *Shakman*, I certify that I am aware that I am strictly prohibited from conditioning, basing or knowingly prejudicing or affecting any term or aspect of County employment or hiring upon or because of any political reason or factor or knowing inducing, aiding, abetting, participating in, cooperating with or threatening any act which is proscribed above. I certify, under penalty of perjury, as provided by the law that, to the best of my knowledge, Political Reasons or Factors did not enter into any County Employment Actions taken with respect to the above Telecommuting Program or the employment or hiring process. I understand that failure to comply with the above prohibitions may result in sanctions, including disciplinary action up to and including termination and may subject me to criminal prosecution.

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**Department Head's Name and Signature** **Date**

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**Bureau Chief's Name and Signature** **Date**

*Employee Acknowledgement:* I have received a copy of the Cook County's Telecommuting and Acceptable Use Policies. I have read and understand these policies. I have been provided the opportunity to ask questions regarding this policy. I understand that violations of these policies may result in disciplinary action up to and including termination of employment.

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**Employee's Name and Signature** **Date**

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**Department Head's Name and Signature** **Date**

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**Bureau Chief's Name and Signature** **Date**