

## Executive Branch Telework Authorization

### Employee telework information

Employee Name:	Employee Name
TAMS ID:	CW00000203
Job Title:	OIT - WorkDay
Headquarters:	51 Commerce Drive
Department:	DAFS
Bureau:	
Division:	
Supervisor Name:	Supervisor Name
Manager Name:	
Number of telework days per week OR "Occasional":	Occasional
Telework Authorization start date:	2022-01-01
Telework Authorization Review Date: *	2022-08-31
Address where telework will be performed:	Street: Apartment: City: Town Name State: ME
Out of state address approval:	
One-way Commute	Miles: 5 Minutes: 10
Detailed description of telework workspace:	Description of telework space

\*Review date should be date of next annual performance review, but no more than one year from start date

### Work schedule and location

#### Regular Telework

Week	Day	Start	End	Duration	Work Location
Week 1	Monday	08:00	17:00	9	On-site
Week 1	Tuesday	08:00	17:00	9	Telework
Week 1	Wednesday	08:00	17:00	9	On-site
Week 1	Thursday	08:00	17:00	9	On-site
Week 1	Friday	08:00	17:00	9	On-site
Week 2	Monday	08:00	17:00	9	On-site
Week 2	Tuesday	08:00	17:00	9	Telework

Week 2	Wednesday	08:00	17:00	9	On-site
Week 2	Thursday	08:00	17:00	9	On-site
Week 2	Friday	08:00	17:00	9	On-site

### Occasional Telework

Need for occasional telework is due to:	
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### Telework expectations

The general expectation for a Telework Authorization is that the employee will comply with all performance expectations as if working 100% at their headquarters location. These expectations are specific considerations for performing job duties while teleworking.

	Expectations
What types of confidential or sensitive information will be utilized and how will it be secured?	(Examples of information: PII, federal or state tax information, medical, etc.) (Examples of security: locked file, locked room, password-protected computer, tablet or phone, etc.)
What type(s) of workspace(s) will be assigned or available at the HQ location (subject to change based on operational need)?	(Office, cubicle, permanently assigned, shared, not shared, unassigned hoteling or drop-in space)
Events or activities which require in person attendance:	(Describe, for instance: types of meetings, trainings, specific work activities)
Internet speed must be able to support:	(Describe activities, for example, audio/video for small meetings; audio/visual for large meetings; accessing specific software applications; performing certain tasks)
Communication methods to be used:	(List required methods, for example, Teams, phone, voicemail, email, other)
Calendar or scheduling tool in use:	(List required scheduling tools, for example, Outlook Calendar)
Virtual meeting camera use expected:	(Can the employee decide? Should the camera always be on? Are there specific circumstances where it is acceptable for the camera to be off?)
Alternate work arrangement in the case of technical difficulties such as loss of internet:	(Examples: reporting to their assigned office location if space allows, adjusting their work schedule for the day, ensuring they have work with them that can be accomplished without internet connectivity)
Telework training to be completed:	(List training courses required)

Additional Topics:	
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## Equipment and technology

The following equipment has been approved for use at an agreed upon telework location:

Equipment	Description (Brand, type, etc.)	Serial # or Tracking #
Laptop	HP Elitebook	OIT-XXXXXXXXXX
Docking Station		
Mouse		
Keyboard		
Monitor(s)		
Web Cam		
Headset/microphone		
Printer		
Other(describe)		

## Additional details

## Policies and procedures acknowledgement

Policy/Procedure	Employee initials
I have read and understand the Bureau of Human Resources' Baseline Telework Policy including but not limited to section 7.2, Employee Responsibilities.	Initials
I have read and understand my Department/Agency's Telework Policy (if none exists, put N/A)	Initials
I have read and understand <a href="#">MaineIT's User Device and Commodity Policy</a> and <a href="#">BHR's Acceptable Use Policy</a>	Initials
I have completed the safety, security and compliance checklist and, if an ergonomic assessment of the telework location is performed, will implement its recommendations	Initials
I agree to maintain the confidentiality of all State information and documents and prevent unauthorized access to any State system or information	Initials
I understand that this Telework Authorization is not a contract of employment, does not provide any contractual rights to continued employment or ongoing telework, and may be terminated pursuant to the Bureau of Human Resources Baseline Telework Policy or any applicable Department/Agency Telework Policy	Initials

Employee Name	Employee Name	2022-03-11
Employee name	Employee signature	Date
Supervisor Name	Supervisor Name	2022-03-11
Supervisor name	Supervisor signature	Date

SAMPLE