

Temporary Telework Policy Acknowledgement

I agree to all terms as outlined in the City of San Bruno Temporary Telework Policy. I have read and understand the City's policy and will adhere to its terms and conditions. I understand that my work performance and compliance with this telework program agreement will be evaluated by my supervisor and department head, and through my department's performance evaluation process.

I agree that I am responsible for abiding by the established telework hours, maintaining my remote workspace in a safe manner, employing appropriate teleworking security measures, and protecting city assets, information, and systems. I understand that teleworking can be suspended or terminated at any time by the City.

(Please note that if you are using City-issued equipment, you must also sign the Mobile Device Policy acknowledgement.)

Telework Employee

Print Name _____

Signature/Digital Signature* _____

Date _____

I have read and understand the city's teleworking policy and conditions in this agreement. I agree to monitor the performance of the telework employee to assess the effectiveness of the teleworking arrangement and compliance with this teleworking program acknowledgement.

Supervisor

Print Name _____

Signature/Digital Signature* _____

Date _____

Department Director

Print Name _____

Signature/Digital Signature* _____

Date _____

If an employee is unable to sign the acknowledgement in person, an email acknowledgement of the policy along with the Department Director's approval will suffice for IT to provide access for an employee to work remotely.

*Typing in your name represents your legal signature