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The undersigned Employee has read, understands and has been provided an opportunity to obtain clarification of the terms of the Telework Policy. The Employee agrees to abide by all terms of the policy and must complete all assigned work according to procedures, guidelines and standards prescribed by OMES and the supervisor(s) of the Employee.

Type of telework schedule requested (select one):

- Full-time telework  
 Part-time telework

**Employee signature:**

\_\_\_\_\_  
[NAME, TITLE]

\_\_\_\_\_  
Date

Supervisor attests that Employee has open PMP for current evaluation period to include measurable performance criteria and metrics. Supervisor agrees to monitor Employee performance and provide regular feedback and coaching regarding Employee performance.

**Supervisor signature:**

\_\_\_\_\_  
[NAME, TITLE]

\_\_\_\_\_  
Date

**Human Resources signature:**

\_\_\_\_\_  
[NAME, TITLE]

\_\_\_\_\_  
Date