CLERK OF THE CIRCUIT COURT & COMPTROLLER PALM BEACH COUNTY REMOTE WORK AGREEMENT

SECTION 1: TO BE COMPLETED BY HUMAN RESOURCES:

AGREEMENT TYPE (Choose an item.)

Employee Name:	Click or tap here to enter text.	Job Title:	Click or tap here to enter text.
Supervisor Name:	Click or tap here to enter text.	Department:	Click or tap here to enter text.

SECTION 2: TO BE COMPLETED BY EMPLOYEE'S IMMEDIATE SUPERVISOR:

ELIGIBILITY

Employee meets eligibility requirements for Remote Work in accordance with <u>Administrative Policy 18-03: Remote Work</u> \Box YES \Box NO

REMOTE WORK TYPE

Regular- remote work that follows a "typical" schedule each week.

- Example: 2 days every week.
- Example: 1 day every other week.
- Example: 5 days each week for three weeks of the month.

Situational – remote work that is done infrequently or on an as-needed basis.

- Example: 1 day one week and no days the rest of the month.
- Example: 3 days one week, no days for two weeks and one day the next week.

NOTE:

- If an employee will work remotely <u>both</u> regularly and situationally, select regular.
 - It is acceptable for a regular remoter to occasionally also work remotely on a situational basis.
 - Example: Employee regularly works remotely 1 day per week, and occasionally works remotely an extra day or two.
- A new agreement is required when:
 - o an employee's remote work type changes from situational to regular or vice-versa.
 - o the number of days an employee works remotely on a regular basis increases or decreases.
 - \circ an agreement concludes.
 - Example: medical situation ends, employee starts new position, etc.

REMOTE WORK TYPE (Choose an item.)

DAYS PER WEEK (Choose an item.)

WEEKS PER MONTH Choose an item.

SECTION 3: TO BE COMPLETED BY THE EMPLOYEE:

EMPLOYEE REMOTE WORK CONTACT INFORMATION

Remote Work Phone Number: Click or tap here to enter text.

REMOTE WORK LOCATION (Choose an item.) Other Address: Click or tap here to enter text.

EQUIPMENT

Equipment on Loan to Remote Work Employee

I understand that all equipment provided by the Clerk's office, and indicated on the Equipment Request Form from the Information Technology department, remains the sole property of the Clerk's office. I further understand that I will be financially responsible for the return of all equipment and software in the same condition it was provided to me, except for normal wear and tear. I agree that the cost of replacement and/or repair may be deducted from my paycheck.

Printers

I understand that printers will not be issued for remote use and remote workers are prohibited from printing work materials off-site unless approved to do so by Chief Officer (or designee).

TASKS, PERFORMANCE & COMMUNICATION

I understand that my performance while working remotely will be evaluated based on the goals and/or quotas discussed with my supervisor.

I agree to keep my supervisor informed, via the methods and frequency discussed, of my daily tasks and projects. I will also submit a daily remote work log or remote work productivity log to my supervisor at least weekly.

OVERALL

I understand that this agreement will be reevaluated periodically by the management team and during performance review. By electronically signing my name below,

I agree to the provisions of this remote work agreement and acknowledge that I have read the Clerk's <u>Remote</u> <u>Work Policy</u>.

EMPLOYEE AGREEMENT (Choose an item.)

SECTION 4: SIGNATURES:							
Employee Signature		Date					

Please note: A supervisor may authorize an employee to begin working remotely under the terms of this agreement as of the date the Remote Work Program training through HR Classroom is completed.

By signing below, I acknowledge I have verified the above mentioned employee meets all requirements of the Remote Work Program.

Immediate Supervisor Signature	Date	(APPROVED/DENIED (Choose an item.)
Next Level Manager Signature	Date	(APPROVED/DENIED (Choose an item.)
Director Signature	Date	(APPROVED/DENIED (Choose an item.))
Chief Officer Signature	Date	(APPROVED/DENIED (Choose an item.))
Chief Deputy Clerk Signature	Date	(APPROVED/DENIED (Choose an item.)