



North Carolina Department of Labor Telework Agreement

Employee Name: _____

Telework Starting Date: _____

Job Title: _____

Supervisor's Name: _____

Assigned Central Workplace Location (duty station): _____

Alternate Work Location (Address, Telephone, Email): _____

Normal Work Hours: _____

I, _____, have read and understood the NCDOL Telework Policy and believe that I meet the eligibility criteria and also have the necessary discipline and motivation to be a successful teleworker. In addition, I agree to abide by all expectations set forth in the telework policy. I understand if my performance rating falls below the required rating stated in the Telework Policy that I will be required to return to the assigned duty station.

I, _____, supervisor of the telework employee, have reviewed and discussed the concept and job expectations with the above. I hereby approve this employee to telework, pursuant to the terms and conditions outlined in the NCDOL Telework Policy.

Employee _____ Date _____

Supervisor _____ Date _____

Bureau Chief _____ Date _____

Deputy Commissioner _____ Date _____

Chief of Staff _____ Date _____