



**North Carolina Department of Health and Human Services  
Office of Education Services**

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Beverly Eaves Perdue, Governor  
Lanier M. Cansler, Secretary

Dwight Pearson, PhD, Ed S., Superintendent

**Tele-work Agreement  
Itinerant Staff**

Employee's Name \_\_\_\_\_

Program: \_\_\_\_\_

Job Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Program: \_\_\_\_\_

Title: \_\_\_\_\_

Prior to completing this agreement, we have read the Office of Education Services Tele-work Policies and Procedures, are familiar with its terms, and agree to comply in full.

(Supervisor's initials here)

(Employee's initials here)

1. Remote Work Location:

Street Address:

City, State, Zip Code:

Telephone:

Fax:

Email:

Mailing Address for Business Correspondence:

P.O. Box

Description of workspace at remote location (a picture of the workspace will be required):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The employee agrees to practice appropriate measures in the home-based office in order to ensure his/her safety and well-being, and agrees to any applicable state policies addressing workplace safety. In order to ensure safe working conditions, the home-based employee agrees to allow specific site visits to the home-based office.

2. Describe typical duties/assignments to be completed at remote locations during office hours:

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3. Hours to be worked at remote location (indicate days/ hours that employee will routinely perform office related duties from the remote location listed above).

Monday \_\_\_\_\_  
Tuesday \_\_\_\_\_  
Wednesday \_\_\_\_\_  
Thursday \_\_\_\_\_  
Friday \_\_\_\_\_

4. Describe how employee and supervisor will assess success of Tele-work Agreement.

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5. List furnishings and equipment provided by the EIP for Children Who are Deaf/Hard of Hearing or GMP Program.

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6. Describe procedures that the Tele-work employee will follow to ensure confidentiality of records and proper disposal of documents that need to be destroyed.

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I understand that this is not an employment contract and may not be construed as such. I verify that I have read, understood and agree to comply with the terms of the Office of Education Services Tele-work Policies and Procedures and the specific terms of this agreement.

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Employee Signature

Date

I have read the above material with the employee prior to his/her participation in the OES Tele-work program.

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Supervisor

Date

I authorize the Tele-work arrangement as outlined above.

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School/Program Director

Date

I authorize the Tele-work arrangement as outlined above.

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Superintendent

Date