

HUMAN RESOURCES Telecommuter Agreement

This is an agreement between CBC and	_ (employee) to begin
a mutually beneficial telecommuting schedule. The employee by signature below agrees to abide by the CBC Telecommer Procedures and further certifies that he/she understands the provisions addressing: Work hours/accessibility Use and liability for CBC equipment and software, including the Acceptable Use Technology Resources Use of SCAN for all work related long distance calls Established work space Termination of this agreement	· ·
The employee will assure that his/her workstation and workspace (if not in a CBC safe environment for work and further agrees to permit an alternate work site (this employees home) safety inspection(s) by his/her supervisor or a CBC safety determined appropriate. Telecommuting work site will be:	does not apply to the officer/professional, if
Telecommuting schedule will be as follows:	
Communication procedures will be as follows:	
Equipment will be supplied by: (if by CBC, an "Authorization for Temporary Checko must be filled out and Proof of Homeowner Insurance attached)	ut of Equipment" form
Equipment and/or supplies will be as follows:	
If using personal computers, the virus protection software will be:	
Data security measures will include:	
Additional conditions of the employee and his/her supervisor are:	
This Telecommuter Agreement shall begin on and continue through exceed one year). Unless otherwise mutually agreed upon, either party may termin providing reasonable notice (generally one work week) to the other party. Any Standards of Operations, this agreement, or initiation of corrective/disciplinar	ate this agreement by violation of the CBC

immediate termination of this Telecommuting Agreement. Further, if this agreement fails to meet the operational needs of CBC, it shall be terminated with reasonable notice to each party. I understand CBC's telecommuting standards and procedures and agree to the terms and conditions of this agreement

	e, or judicial action	is agreement may be changed and/or renderent of the State of Washington. Where upon, th	
Employee Signature	Date	Administrator Approval	Date
Supervisors Signature	Date	Vice President of Human Resources And Legal Affairs	Date