

**EXHIBIT B
TELEWORK AGREEMENT**

Telework Office

Telework Location *All telework offices must be within the employee's residence.*

Address: _____ (Street Address)
 _____ (City, State, Zip)

Telephone: _____ (Including Area Code)

Assigned Office

Will other staff use the assigned office when the employee teleworks? Yes No

Work Schedule

Effective Date: _____ (Month, Day, Year)

Telework Schedule:

| Monday | Tuesday | Wednesday | Thursday | Friday |
|--------------------|--------------------|--------------------|--------------------|--------------------|
| Work Hours: _____ | Work Hours: _____ | Work Hours: _____ | Work Hours: _____ | Work Hours: _____ |
| Total Hours: _____ | Total Hours: _____ | Total Hours: _____ | Total Hours: _____ | Total Hours: _____ |

Assigned Office Schedule:

| Monday | Tuesday | Wednesday | Thursday | Friday |
|--------------------|--------------------|--------------------|--------------------|--------------------|
| Work Hours: _____ | Work Hours: _____ | Work Hours: _____ | Work Hours: _____ | Work Hours: _____ |
| Total Hours: _____ | Total Hours: _____ | Total Hours: _____ | Total Hours: _____ | Total Hours: _____ |

Equipment

The County is not responsible for any private property used, lost or damaged. The County may pursue recovery from the employee for County owned property that is deliberately or negligently damaged or destroyed while in the employee's care or control. The employee is advised to contact an insurance agent and a tax consultant regarding working from home.

It is the employee's responsibility to ensure that confidential records and work materials of the Office are secured in a locked storage area in the employee's home. The purchase of and maintenance of a locked storage area is solely the employee's responsibility.

Please list all office equipment and software that will be used at the telework office. Additionally, the brand, model and serial number must be documented for all County equipment.

| Item | Owner | Brand | Model | Serial Number |
|-------------|--------------|--------------|--------------|----------------------|
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Signatures

Telework contracts are valid from _____ (insert date) to _____ (insert date), but no more than one (1) month and may be canceled at any time by the party desiring to cancel giving at least twenty-four (24) hours prior notice to the other party.

I have read and understand the County Telework Policy and this agreement. I agree to abide by and work in accordance with the terms and conditions outlined in the policy. I agree that the sole purpose of this agreement is to regulate teleworking and that it constitutes neither an employment contract nor an amendment to any existing contract. I have been advised to consult with an insurance agent and a tax consultant regarding working in my home.

Employee Name (Please Print)

Employee Signature

Date

Office Holder/Department Head Signature

Date

President, Vanderburgh County Commissioners

Date