



Modified Telework Form

Name: Department: Position/Title:

Please review and/or provide the following information and sign in the space provided below. The completed and signed form should be returned to Michael Maresco, Town Administrator in either in person or via email MMaresco@TownofMarshfield.org

1. Cell Phone #:
2. Home Phone #:
3. Home Address:
4. Emergency Contact name, relationship and telephone number
5. Should you need additional desktop equipment to effectively work from home, please indicate equipment needed below:

Please review the following telework parameters:

- I understand that when I am away from the office teleworking, I must comply with all organizational rules, policies, and procedures.
- I understand that my compensation, benefits, and work responsibilities will not change due to the telework arrangement.
- I understand that my telework work schedule will be consistent with my current work schedule and will not significantly change without the approval of my supervisor.
- I understand that while teleworking, it is my responsibility to: Maintain a safe work environment, Protect any company equipment in my possession, and Safeguard confidential work-related information
- I understand that I will not hold business visits or in-person meetings with business affiliates or co-workers at my home telework site.

Signature Date

Employee

Signature Date

Supervisor