



JON J. P. FERNANDEZ
Superintendent of Education

DEPARTMENT OF EDUCATION OFFICE OF THE SUPERINTENDENT

www.gdoe.net
501 Mariner Avenue
Barrigada, Guam 96913
Telephone: (671) 300-1547/1536 • Fax: (671) 472-5001
Email: jonfernandez@gdoe.net



Teleworking Agreement

Date of Request: _____ Date Received: _____

Employee's Name: _____ Employee ID: _____

Employee's Phone Number: _____ (Primary) _____ (Alternate)

Employee's Email Address: _____

Worksite: _____ Position Title: _____

Position Title, Roles and Responsibilities:

Reason for the Request:

Description of what Job Duties and how will it be performed via Teleworking:

Requested Schedule: (specify what days of the week, start and end times, and total number of hours to be teleworking for each day requested)

GDOE hereby expects that the employee shall:

Performance: I agree, and ensure GDOE that teleworking shall not diminish my performance or agency operations.
_____ Initials

Contact and Availability: I shall be available via telephone and email during my worksite scheduled work hours that I will be teleworking. I shall return any email or phone calls regarding work in an expeditious manner.
_____ Initials

I understand that the scheduled arrangements will be subject to be revised by my School/Division Manager/Supervisor and may occur at any time after the initial approved trial period. _____ Initials

Required Training: I agree, I shall complete a teleworking training prior to any form of teleworking. _____ Initials

Record Log of Approved Teleworking Hours: I agree, I shall be required to record work hours, tasks and work completion.
_____ Initials

Confidential Information: I agree, to protect and take responsibility for any and all confidential information that I shall be accessing as a result of my teleworking. _____ Initials

GDOE Property: I agree, to protect and take responsibility for any and all GDOE equipment I shall be using as a result of my teleworking. _____ Initials

Liability Waiver: I agree, the department shall not be held responsible for any non-work related injuries while teleworking.
_____ Initials

Termination: I understand that teleworking is an accommodation and that agreement may be terminated at any time by me or my respective administrator or supervisor. _____ Initials

GDOE Rules and Regulations: I understand that this teleworking agreement has no effect on the application of DOE Rules and Regulations to my employment status. _____ Initials

Term of Agreement: The Term of this Agreement shall not be longer than one (1) year from all required signatures and shall be subject to termination at any time by myself or my respective administrator or supervisor.

Employee Signature:

Date:

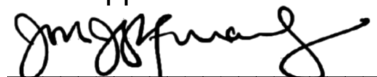
Manager/Supervisor Print Name:

Manager/Supervisor Signature:

Date:

CC: Employee Personnel File, HRD

/ X / Approved for use



1/13/2021

Jon J.P. Fernandez,
Superintendent

Date