Request to Telework—MCEA Non-School-based Employees

Office of Human Resources and Development
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

PART I: TO BE COMPLETED BY NON-SCHOOL-BASED EMPLOYEE AND SUBMITTED TO THE SUPERVISOR

Non-School-based MCEA Employee Name: _____

Employee Job Code:_____Employee Allocated FTE:_____Employee ID#: _____

Job Title:_____ Work Location: _____

Supervisor Name:_____ Supervisor Title: _____

Division: _____

TELEWORK REQUEST

❑ Recurrent telework
Employee works from an alternative worksite on a regular, recurring basis.

❑ Intermittent Telework
Employee works regularly from primary worksite, but would telework for limited periods of time based on specific circumstances or job responsibilities that could be accommodated by teleworking

TELEWORK REQUEST RATIONALE AND DETAILS

Initial each statement below to indicate understanding and agreement:

____ **I UNDERSTAND** that my supervisor may adjust or terminate my option to telework if some or all of the work responsibilities are determined to no longer be portable.

____ **I UNDERSTAND** that employees approved to participate in the MCPS telework program are subject to the same Board of Education policies and MCPS regulations, procedures, and practices, regardless of their work location. I understand that my work hours, compensation, benefits, work status, and work responsibilities will not change due to my participation in the telework program.

____ **I UNDERSTAND** that responsiveness and operational effectiveness should not be affected by telework.

____ **I UNDERSTAND** that I must follow the same security and privacy practices that are required at the primary work location. MCPS may require additional security protections on personally-owned devices. I understand that I am required to inform MCPS immediately if equipment with MCPS data is lost or stolen.

____ **I AGREE** that any and all remote work locations will be free of recognized hazards that could cause physical harm.

____ **I AGREE** to maintain any and all alternative work locations in a safe condition and to take the same safety precautions as are applicable on MCPS premises.

____ **I AGREE** that once per fiscal year I must complete the telework training.

PART I: TO BE COMPLETED BY EMPLOYEE AND SUBMITTED TO THE SUPERVISOR

Supervisor Signature: _____ Date ____/____/_____

❑ Approved

❑ Denied

RATIONALE FOR DENIAL:

AGREED UPON TERMS:

MCEA members may appeal a denial of telework in accordance with the grievance process outlined in the 2023-2027 Negotiated Agreement.