



Virtual Office Agreement

Employee Name: _____
 Program: _____
 Position Number: _____
 Class Title: _____
 Network ID: _____
 People First Number: _____
 Supervisor Name: _____
 Supervisor Phone: () - ext _____
 Official Work Site/Service Center/Building Name: _____

Alternative Work Site Information	
Alternative Work Site Address:	_____
City, State, Zip:	_____
Alternative Work Site Phone:	() - ext _____
Secondary Phone Number:	() - ext _____

This agreement establishes the terms and conditions of a Virtual Office. It is only valid for **one year**.

Effective Date of Agreement: Month / Year Expiration Date of Agreement: Month / Year

Virtual Office Participation Classification:

< CHOOSE ONE >

For #1-6 above, will the employee **also** work outside of scheduled work hours (Work Continuation)?

Describe the job duties the employee will perform at the alternative work site. These will be included as duties and responsibilities on the employee’s position description:

Describe the performance expectations related to the job duties performed at the alternative work site. These expectations should be related to the critical job tasks in the employee’s Employee Evaluation and Development (EE&D) Plan:

The following four questions do not apply to Virtual Office participants classified as Work Continuation ONLY

1. Describe how the job duties performed at the alternative work site will be monitored and evaluated by the supervisor:

2. Describe how the employee will maintain communications with customers, coworkers and the supervisor:

3. Describe the impact on the employee’s coworkers when the employee works at the alternative work site:

4. Describe how employee appointments at the official work site to discuss assignments, attend meetings, conduct or obtain training, etc. will be handled:

Supervisor’s description of the employee’s performance during the previous agreement (Agreement Renewals Only):

VIRTUAL OFFICE WORK CONTRACT

Enter the typical work schedule at both the official work site and the alternative work site.

	Schedule at Official Work Site			Schedule at Alternative Work Site		
	Start Time	Lunch Duration	End Time	Start Time	Lunch Duration	End Time
Monday		Minutes			Minutes	
Tuesday		Minutes			Minutes	
Wednesday		Minutes			Minutes	
Thursday		Minutes			Minutes	
Friday		Minutes			Minutes	
Saturday		Minutes			Minutes	
Sunday		Minutes			Minutes	

Describe any variations to the above schedule:

Florida law requires agencies with a telework program to show reductions in emissions of greenhouse gases resulting from telework. If you are classified as **Primary Work at Home, Part-time Work at Home (less than half time), or Temporary Work at Home Assignment**, please answer the following questions to assist Revenue in determining how telework decreases greenhouse gas emissions:

- What is the average miles per gallon of the vehicle normally used to drive to and from the employee's official work site?
- How many miles is it, one way, from the employee's home to the employee's official work site?
- What is the number of days, weekly, that the employee would not make the typical commute to his or her official work site due to the use of an alternative work site?

VIRTUAL OFFICE EQUIPMENT CHECKLIST

Indicate what equipment will be used at the alternative work site:

Computer	Employee Provided	Revenue Provided	Not Required	Decal Number or Description	Date Assigned
Laptop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Desktop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
PDA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Surge Protector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Modem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Router	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Telephone	Employee Provided	Revenue Provided	Not Required	Decal Number, Description or Phone Number	Date Assigned
Home Land Line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	or () - ext	
Cellular Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	or () - ext	
Secondary Telephone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	or () - ext	
Voice and Data Communication Device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	or () - ext	
Voice-over internet protocol phone (VOIP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	or () - ext	
ACD Line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	or () -	
Air Card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	or () -	

Office Equipment*	Employee Provided	Revenue Provided	Not Required	Decal Number or Description	Revenue Equipment Make, Model & Serial Number	Date Assigned
Printer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Fax Machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Scanner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Webcam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Locking File Cabinet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Furniture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

*Revenue's Personal Computer Policy for Users requires that only licensed, Department purchased hardware and software will be used on Revenue personal computers.

Connection/Software	Employee Provided	Revenue Provided	Not Required	Manufacturer & Version	Date Assigned
Novell Access Manager (iChain)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Citrix	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Anti-Virus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Additional Comments:

ALTERNATIVE WORK SITE SAFETY CHECKLIST

See procedures to complete this checklist

	YES	NO	N/A
1. Temperature, noise, lighting levels and ventilation are adequate for maintaining your normal level of job performance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. All stairs with four or more steps are equipped with handrails.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. All circuit breakers and/or fuses in the electrical panel are labeled with intended service.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Circuit breakers clearly show if they are in the open or closed position.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. All electrical equipment is free of recognized hazards that could cause physical harm (frayed or loose wires, bare conductors, flexible wires running through walls, exposed wires to the ceiling).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Aisles, doorways, and corners are free of barriers to allow visibility and movement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. File cabinets and storage closets are arranged so drawers and doors do not open into walkways.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Chairs have no loose casters (wheels).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Phone lines, electrical cords, and extension wires are secured under a desk or alongside a baseboard.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. The office space is neat, clean, and free of excessive amounts of combustibles.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. All floor surfaces are clean, dry, level, and free of worn or frayed seams.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. All carpets are well secured to the floor and free of frayed or worn seams.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. There is enough light for reading.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Exits are free of obstacles.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Supplies and equipment (both Department and employee-owned) are in good condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMPUTER WORKSTATION

	YES	NO	N/A
16. Your chair is adjustable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. You know how to adjust the chair.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Your back is adequately supported by a backrest.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Your feet are on the floor or fully supported by a footrest.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. The monitor and keyboard are placed so you can see and type without strain.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. It is easy to read the text on your screen.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. You have enough leg room at your desk.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Your screen is free from noticeable glare.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. The top of the screen is at eye level.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. There is space to rest your arms while not keying.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. When keying, your forearms are close to parallel with the floor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Your wrists are fairly straight when keying.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Surge protectors are used for computers, fax machines, and printers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Heavy items are securely placed on sturdy stands close to walls.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Computer parts are kept out of direct sunlight and away from heaters.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EMERGENCY PREPAREDNESS

	YES	NO	N/A
31. Emergency phone numbers (hospital, fire department, police department) are posted at the alternative work site.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. A first aid kit is easily accessible and refilled as needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Portable fire extinguishers are easily accessible and serviced as needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. An emergency preparedness kit is easily accessible and kept ready.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Safety Evaluation Conducted by: _____ Date of Safety Evaluation: _____
 (Safety evaluations may be conducted by the employee, supervisor, safety monitor or other authorized agency representative.)

I acknowledge that I have read and understand the Virtual Office Policy and the Virtual Office Procedures for Participation, including additional acknowledgements in the procedures. I verify that my alternative work site is free of fire and safety hazards. I will hold the State of Florida harmless against any and all claims, excluding Workers' Compensation.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____
 (check one) Approved Denied (Complete DENIAL section)

Service Center Manager Signature: _____ Date: _____
 (if applicable) (check one) Approved Denied (Complete DENIAL section)

Regional Manager,
 Process Manager or
 EXE Office Director Signature: _____ Date: _____
 (check one) Approved Denied (Complete DENIAL section)

Program Director or
 Designee Signature: _____ Date: _____
 (check one) Approved Denied (Complete DENIAL section)

Please print, select "Approved" or "Denied," sign, and send for the next level of approval.
Send a copy to your program's Alternate Work Program Coordinator.

DENIAL

Select the reason(s) for denial (check all that apply):

The work unit's productivity would be reduced because:

- The employee or work unit could not perform the required tasks
- The employee or work unit could not meet performance goals
- The employee is unsuitable for alternative work
- Other: _____

Revenue would provide a lower level of service to its customers because of:

- Not enough work site staffing
- The work unit could not provide essential services, products and support to Revenue's customers
- Other: _____

The cost of agency operations could increase because:

- The cost of authorized overtime to carry out unit operations would increase
- Not enough resources to provide on-going communications, data security, or other agency equipment and resources to perform tasks at the alternative work site.
- Other: _____

Additional information to explain how participation would have an adverse agency impact:

Please suggest improvements the employee could make to participate in the future, if applicable:

Signature: _____ Date of Denial: _____