



VIBRANT MINDS CHARTER SCHOOL

TK-6 Grade, Free, Public Education

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<https://www.vibrantminds.us/>

<https://www.facebook.com/VMCharterSchool/>

Teleworking Agreement

I have read and understand the attached *Teleworking Policy*, and agree to the duties, obligations, responsibilities, and conditions for teleworkers described in that document. I understand that I remain subject to all Vibrant Minds Charter School (VMCS) policies including, but not limited to, use of technology, confidentiality, sexual harassment and workplace safety.

I agree that, among other things, I am responsible for working specific telecommuting work hours, furnishing and maintaining my remote work space in a safe manner, employing appropriate telecommuting security measures, maintaining confidentiality of scholars and employee/employer records, and protecting company assets, information, trade secrets, and systems.

I understand that telecommuting is voluntary, and I may stop telecommuting at any time. I also understand that VMCS may at any time change any or all the conditions under which I am permitted to telecommute or withdraw permission to telecommute.

Work Schedule [CHOOSE ONE OPTION]

I am a nonexempt employee (paid less than \$50,000 annually) and will be telecommuting during the following schedule. I understand that I must report to my supervisor when I check in for the day, when I leave for the day, and at all mandatory rest and meal breaks so my hours will be properly recorded:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

I am an exempt employee (paid \$50,000 or more annually).

School Equipment

The school has supplied me with the following equipment. I understand that I am responsible for immediately reporting any malfunctions. I further understand that I am solely responsible for any damages that may occur to this equipment. At the termination of this Agreement, or upon request of the school, I agree to immediately return this equipment or reimburse the school for the value of this equipment. I will only use the equipment for work related activities:

Item	Date Issued	Identification/Serial #

My signature below affirms that I have reviewed the *Teleworking Policy* and the contents of this *Teleworking Agreement* with my supervisor and understand their contents. I understand that this Agreement may be altered or terminated at any time based on a change in circumstances and/or needs.

Employee Signature:

Role:

Date:

Director or Assistant Director Signature:

Title:

Date: