

OTHER CONDITIONS:

- _____
- _____
- _____
- _____

SPECIFIC METHODS OF MEASURING PRODUCTIVITY: _____

OTHER: _____

**WE HAVE REVIEWED, UNDERSTAND AND AGREE TO
THE ABOVE CONDITIONS FOR TELECOMMUTING**

Employee's signature

Date

Supervisor's signature

Date

Manager's signature

Date

- c: DMH Telecommuting Coordinator, Administrative Support Bureau (original)
- Personnel File
- Employee
- Supervisor
- Manager