

Hybrid Work Agreement Form

This Hybrid Work Agreement Form is used for Board of Lucas County Commissioners' employees who are working remotely on a regular and recurring basis at a location other than a County-owned or leased facility or at County field sites. Employees, please return your completed form to your manager or supervisor for approval.

Employee Information

Name: _____ Employee #: _____
 Department: _____
 Position Title: _____
 Work Email: _____
 Work Phone: _____ Mobile Phone: _____
 Bargaining Unit (if applicable): _____

Additional Contact Information

Remote employees should expect to be reasonably available through email or phone during their scheduled work hours, as agreed upon with their supervisors. In case you cannot be contacted by work email or phone, provide alternate ways your supervisor can contact you during scheduled work hours.

Alternate Email: _____
 Alternate Phone: _____
 Other (specify): _____

Hybrid Work Location and Schedule

This agreement will be effective from: _____ through _____

My hybrid work location will be:

Address: _____

City: _____ State: _____ Zip: _____

Do you live within the boundaries of a city or village listed below? ☐ Yes ☐ No

Bowling Green, Continental, Elmore, Findlay, Fostoria, Genoa, Gibsonburg, Grand Rapids, Haskins, Holland, Liberty Center, Luckey, Maumee, Millbury, Northwood, Oregon, Ottawa Hills, Pemberville, Perrysburg, Rossford, Sandusky, Swanton, Sylvania, Toledo, Walbridge, Waterville, Wauseon, Wayne, Whitehouse. (**Note:** Does not apply to Michigan residents.)

☐ Other (please list) _____

What days to you plan to hybrid work?

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

If necessary, provide any additional information regarding your hybrid work schedule.

Hybrid Work Equipment

Have you completed an Equipment Inventory Form? Yes ☐

Is VPN access required? Yes ☐ VPN already approved? Yes ☐

Workplace Safety

Have you completed the Hybrid Work Safety Checklist? Yes ☐

Employee Acknowledgements

- I have read and agree to abide by the Board of Lucas County Commissioners' Hybrid Working Policy.
- I agree to abide by all Board of Lucas County Commissioner rules and regulations, information security requirements, and my department policies and procedures always while Hybrid Working. This includes, but is not limited to, rules on timekeeping and confidential information.
- I agree to structure my time to ensure my attendance at required meetings and events as designated by my supervisor or manager.
- I accept the responsibility I have as a Hybrid Worker to facilitate communication with customers and colleagues. I further agree to make a special effort to stay current on department events which affect my work that occur on Hybrid Work days.
- I agree to keep my supervisor informed of my progress on assignments worked on, as well as any problems I may experience, while Hybrid Working.
- I understand and agree that all equipment, records, files, manuals, forms, materials, supplies, software, computer programs and other items furnished to me by the Board of Lucas County Commissioners, used on the Board's behalf or generated or obtained during my employment shall remain the property of the Board of Lucas County Commissioners or my issuing Department or Agency. I understand that I am a holder of this property for the sole use and benefit of Lucas County and will take all reasonable precautions to safely keep and preserve such property.
- I understand that hybrid working may affect my municipal income tax liability.
- I understand that if I cease working for the Board of Lucas County Commissioners while Hybrid Working, or if my Hybrid Working agreement ends, that all property must be returned to the as soon as possible but no later than fifteen (15) calendar days. I understand that if I fail to return Board of Lucas County Commissioners property, the Board may seek recovery for damages from me through all legal means.
- I understand that it is my responsibility to maintain a safe, secure, and ergonomic work environment, and that I must immediately report work-related injuries to my supervisor or manager.

-
- I understand Hybrid Working is a mutually agreed upon work option between myself and my supervisor or manager. I understand that I, my supervisor or manager, or my agency or department Director may modify or end my Hybrid Working arrangement at any time.
 - I understand I am responsible for any loss or damage of equipment caused by intentional acts or negligence on the part of the employee or their family and is responsible for paying the repair cost or replacement value of equipment lost or damaged resulting from intentional acts or negligence

Employee Acknowledgement Signature

Employee Signature: _____ Date: _____

Manager or Supervisor Signature

Name: _____

Signature: _____ Date: _____

Attach the documents listed below.

☐

Equipment Inventory Form

☐

Hybrid Work Safety Checklist

Received by the Department of Human Resources

Received By: _____ Date: _____

Signature: _____