

Instructions to Complete Telework Pack in Writing

All employees seeking to work remotely for MSDH must **read and sign** the following three (3) documents in the Telework Packet:

1. TELEWORK AGREEMENT

- Page 1: Write date and Employee (“Workforce Member”) name in blanks near the top.
- Page 4: “Designation of Telework Workspace”: provide the description and address of where you will work remotely.
- Page 5: “Equipment, Supplies, and Department Assets”: Provide the types of **MSDH** items you wish to use while working remotely. **This can include any tech equipment and devices such as computers, laptops, cell phones, jump/thumb drives, etc. This can also include other MSDH property with an inventory number.**
 - Provide as much information in the table as possible for each item.
 - NOTE: Leave blank the “Date Returned” column
- Page 5: “Special Conditions and Additional Agreements”: Provide the types of **personal** tech equipment and devices you wish to use while working remotely. *Provide as much information to describe as possible, such as type of device, manufacturer, serial number, service provider, and model.*
 - Initials required from:
 - Employee (Workforce Member)
 - Office/Program Director or Regional Admin
 - OHIT Member (**designated by primary office location – See list below**)
- Page 7: Signatures required from:
 - Employee (Workforce Member)
 - Office/Program Director or Regional Admin
 - OHIT Member

2. HAND RECEIPT OF STATE PROPERTY FORM 1134

- NOTE: This is an official documentation required by the Office of the State Auditor.
- Fill in blanks for Workforce Member Name, Unit/Department, and Date
- Provide as much information as possible in the table for the same items listed in the “*Equipment, Supplies, and Department Assets*” Section on page 5 of the *Agreement*.
 - NOTE: Leave the “Date Returned” and “Responsible Person” columns blank.
- Signatures required:
 - Employee (Workforce Member)
 - Office/Program Director or Regional Admin
 - Responsible Person (same as Office/Program Director or Regional Admin)
 - *If using tech equipment or devices:* OHIT Member (designated by primary office location)

3. ACKNOWLEDGMENT OF PRIVACY POLICY AND PROCEDURES MANUAL

- Employee signature required.

Assigned Office of Health Information Technology (OHIT) Members by Location

| Location | OHIT Member |
|-------------------------------|-----------------------------------|
| Airport | Robin Butler |
| Atrium | John Wolff |
| County Health Departments/WIC | Marcus Conway |
| Highland Colony | Marcus Conway |
| Jackson Medical Mall | Albert Brown |
| Lefleur’s Square | Marcus Conway |
| Osborne Building | Jarrett Simmons and Dorothy Young |
| Plaza 1 | John Wolff |
| Plaza 2 | John Wolff |
| Rad Health/Pharmacy | Albert Brown |
| Regional Offices | Stephanie Hedgepeth |
| Starkville | Robin Butler |
| Thompson Lab | Charles Jackson |
| Underwood – Floor 1 | Nick Creel |
| Underwood – Floor 2 | Robin Butler |
| All Others | Dorothy Young |