



This document is intended to ensure that both the supervisor and the employee have a clear, shared understanding of the employee’s telework arrangement. Each telework arrangement is unique depending on the needs of the position, supervisor, and employee. This form can be adapted to unit requirements as necessary.

This telework agreement is not a contract of employment and does not provide any contractual rights to continued employment. It does not alter or supersede the terms of the existing employment relationship.

Employee Telework Information

Employee Name:	
Job Title:	
Department:	
Supervisor:	
Arrangement requested by:	<input type="checkbox"/> Employee <input type="checkbox"/> Employer
Location where telework will be performed:	
Telework arrangement effective dates:	—

Job Duties

The general expectation for a telework arrangement is that the employee will effectively accomplish their regular job duties, regardless of work location. If there are telework-specific job duties and/or expectations, specify them in the box below, or enter N/A. Sample text: Employee will indicate telework days in their email signature. In-person attendance at quarterly divisional meetings is expected.

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Work Schedule and Location

Day of Week	Work Hours	Work Location
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

Telework Review

Specify a days/times to meet and discuss the effectiveness of the telework arrangement, or enter N/A.

Telework plan review days/times:	
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Workspace Description

Briefly describe your workspace, including furniture and equipment to be used and number of electrical outlets. Please also note any challenges that you believe that you will encounter based on the limitations of your designated workspace (i.e., size, lack of internet connection, hazards, etc).

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Equipment and technology access

The employee and employer agree to work together to ensure that the alternate worksite is safe and ergonomically suitable. Specify any equipment or technology access the employee will need to telework and whether it will be employee or employer provided. In the event of equipment failure or service interruption, the employee must notify employer immediately to discuss alternate assignments or other options.

Equipment	Provided by	Responsible for loss or damage

Additional details

Supervisor / Employee Best Practice Reminders

- Ongoing communication is the most important part of effective remote teamwork.
- Conduct regular check-ins.
- Start each workday with a phone, video or email.
- Maintain team meetings and one-to-one check-ins.
- Ensure employee has access to a laptop and/or VPN and knows how to access work safely remotely.
- Ensure employee understands how to set up call forwarding and access voicemail from home.
- Identify and confirm the employee understands which platform(s) you will use to communicate as a team, clarify expectations for online availability and confirm Skype for Business, Carmen Connect, etc.
- Clearly communicate any changes to the workplan.

The employee agrees to the following conditions:

1. The employee will remain accessible and productive during scheduled work hours.
2. The employees job responsibilities and promotional opportunities will not change due to participation in the telecommuting agreement.
3. The employee will report to the employer’s work location as necessary upon directive from his or her supervisor.
4. The amount of time employee is expected to work will not change due to participation in the telecommuting arrangement. Employee is expected to remain accessible during designated work hours and make a request to the supervisor if they need to take time off.
5. Nonexempt employees will record all hours worked and meal periods taken in accordance with regular timekeeping practices.
6. Nonexempt employees will obtain supervisor approval prior to working unscheduled overtime.
7. The employee is expected to meet established performance standards.
8. The employee understands that all equipment, records and materials provided by the university shall remain the property of the university.
9. The employee agrees to take all necessary precautions to secure all university equipment, data, files and other material to prevent unauthorized access, destruction or tampering.
10. Equipment provided by the unit/department will be serviced and maintained by the unit/department except for service or damage arising out of intentional destruction. On-site visits by the unit/department may be made for the purpose of installing and/or retrieving equipment and other university property. Equipment provided by the employee will be at no cost to unit/department and will be maintained by the employee. The employee will maintain a safe and secure work environment at all times.
11. The employee will allow the employer to have access to the telecommuting location for purposes of assessing safety and security, upon reasonable notice by the company.
12. The employee agrees to implement any modifications the unit/department deems necessary for safety and/or security purposes.
13. The employee agrees to report work-related injuries to the supervisor at the earliest reasonable opportunity, in compliance with university policies, as well as OSHA and Worker’s Compensation regulations.
14. The employee understands that he/she is responsible for any individual tax implications of this arrangement.
15. Supplies required to complete assigned work at alternate work location should be obtained during campus office visits. Out-of-pocket expenses for supplies normally available through the university will not be reimbursed
16. The employee understands that management retains the right to modify this agreement on a temporary or permanent basis for any reason at any time.
17. All university policies and departmental guidelines, including but not limited to attendance, holidays, time away from work and overtime continue to apply, unless specific exceptions to that policy are arranged within this agreement.
18. For additional technology support, please click [here](#) to submit a work order to the WVSU IT Department.

Employee signature & Date: _____

Supervisor signature & Date: _____