# TELEWORK AGREEMENT

A regular telework arrangement comes in two forms:

* Hybrid model where the employee has both an ongoing, regular telework arrangement and also reports onsite. The CWU worksite remains the official work location.
* Full-time where the employee works regularly at an identified remote location. Remote location is the official work location.

This document is intended to ensure that both the supervisor and the employee have a clear, shared understanding of the employee’s telework arrangement. **This requires that the supervisor and employee have a thorough discussion of all components of this agreement.** Each telework arrangement is unique depending on the needs of the position, supervisor, work unit, and employee. In defining a telework arrangement, the employee and their supervisor are expected to evaluate the costs and benefits of telework, identify work expectations, and clearly communicate how expectations may be met.

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. Use this form to develop requirements for occasional or full-time telework, recognizing that these types of telework arrangements will not typically result in the duplication of office equipment.

## Employee telework information

|  |  |
| --- | --- |
| Employee Name: | Click or tap here to enter text. |
| Job Title: | Click or tap here to enter text. |
| Department: | Click or tap here to enter text. |
| Supervisor: | Click or tap here to enter text. |
| Telework arrangement (select one): *(Example for Other: Ad Hoc – Monday 8-12 working at home and 1:00 – 5:00 working on campus).* | [ ]  1 day per week [ ]  2 days per week [ ]  3 days per week [ ]  4 days per week [ ]  Other; less than 100% telework but varies per week Click or tap here to enter text.[ ]  100%  |
| Telework arrangement effective dates: | Start date: May 31, 2021End date: April 30, 2021 *Not to exceed one year.* |

## Work schedule and location

|  |  |
| --- | --- |
| Address where telework will be performed: | Click or tap here to enter text. |
| **Day of Week** | **Work Hours** | **Work Location** |
| Sunday | Click or tap here to enter text. | Click or tap here to enter text. |
| Monday | Click or tap here to enter text. | Click or tap here to enter text. |
| Tuesday | Click or tap here to enter text. | Click or tap here to enter text. |
| Wednesday | Click or tap here to enter text. | Click or tap here to enter text. |
| Thursday | Click or tap here to enter text. | Click or tap here to enter text. |
| Friday | Click or tap here to enter text. | Click or tap here to enter text. |
| Saturday | Click or tap here to enter text. | Click or tap here to enter text. |

**Occasional/Ad Hoc (If selected ‘Other’ from above, please explain)**

|  |  |
| --- | --- |
| Explanation of potential occasional telework circumstances | Click or tap here to enter text. |

## Telework arrangement modification

## Per [CWUP 2-30-250 Telework](https://www.cwu.edu/resources-reports/cwup-2-30-250-telework), this telework agreement may be terminated by providing no less than 7 calendar days’ written notice unless it is for alleged misconduct or an emergency, in which case it may be terminated immediately. This provision does not apply to telework arrangements made through the disability accommodation process. All employee-proposed changes are subject to departmental approval.

Telework agreements must be renewed at least annually. Ad-hoc modifications to this agreement should be discussed and documented between the employee and supervisor. Long-term or substantive modifications should be documented by revising this agreement.

## Telework review

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

|  |  |
| --- | --- |
| Telework plan review date: | Click or tap to enter a date. |

## Telework expectations

The general expectation for a telework arrangement is that the employee will effectively accomplish all of their regular job duties, regardless of work location.

I agree:

* To be available and responsive during scheduled work hours.
* My duties, obligations, and responsibilities as a teleworking employee are the same as onsite employees, including my obligation to respond to my voicemail, e-mail and other messages in a timely manner.
* While teleworking, I will work at the above-listed location(s) during my teleworking work schedule, unless I have received prior approval to temporarily work elsewhere.
* Any time off or overtime must be prearranged according to department guidelines and consistent with the rules applicable to my employment (e.g., exempt policies and procedures, collective bargaining agreement, civil service rules).

Specific expectations for this telework arrangement should be summarized in the table below. Additional rows may be added as needed.

|  |  |  |
| --- | --- | --- |
| Expectations | Supervisor’s comments and expectations | Employee’s comments and expectations |
| Communication with customers/ students/ stakeholders, team, and supervisor *(Ex. I will have my phone transferred. I will be available for meetings via Zoom/TEAMs/ Skype and available by email).* | Click or tap here to enter text. | Click or tap here to enter text. |
| Working with family members at home (if applicable). *(Ex. My 4 year old child is home, but goes to daycare during the day).* | Click or tap here to enter text. | Click or tap here to enter text. |
| Events or activities which require in-person attendance. Detail any notice requirements and travel expense coverage (if applicable). *(Ex. All staff meetings scheduled once a month).* | Click or tap here to enter text. | Click or tap here to enter text. |

## Equipment and technology access

The employee and employer agree to work together to ensure that the remote worksite is safe, productive, and ergonomically suitable. In a telework arrangement, the employee and unit shall work together to determine whether the department will issue an employee the equipment necessary to perform the job, or if an employee already has the required equipment, the department may agree that the employee will use their own equipment. Telework arrangements will not typically result in the duplication of office equipment.

Specify any equipment or technology 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. Enter N/A if the item is not used.

Items provided by CWU, including items purchased by the employee and reimbursed, remain the property of the university and may only be used for state business. University property must meet the expectations for information security, be properly secured, and returned to the university at the end of the teleworking arrangement.

Employees are responsible for loss or damage to university property that is used when teleworking.

### Equipment by work location

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Equipment** | **On-Campus Location (CWU Owned Equipment)**  | **Telework Location (CWU Owned Equipment)** | **Telework Location (Employee Owned Equipment)** | **Other**  | **N/A** |
| **EXAMPLE** |  |  |  |  |  |
| Laptop |       |       |       |       |       |
| Docking station |       |       |       |       |       |
| Computer |       |       |       |       |       |
| Mouse |       |       |       |       |       |
| Keyboard |       |       |       |       |       |
| Monitor(s) |       |       |       |       |       |
| Desk |       |       |       |       |       |
| Desk chair |       |       |       |       |       |
| Web cam |       |       |       |       |       |
| Phone |  |  |  |  |  |
| Headset/microphone |       |       |       |       |       |
| Power strip/ extension cord |       |       |       |       |       |
| Printer |       |       |       |       |       |
| Office supplies |       |       |       |       |       |
| Ergonomic modifications (e.g., keyboard tray, glare filter, foot stool, etc.) |       |       |       |       |       |

##

### Additional details

|  |
| --- |
| Click or tap here to enter text. |

### Policies and procedure acknowledgement

|  |  |
| --- | --- |
| **Policy/Procedure** | **Employee initials** |
| I have read and understand [CWUP 2-30-250 Telework Policy](https://www.cwu.edu/resources-reports/cwup-2-30-250-telework) and any departmental telework policy and commit to effective telework practices. |  |
| I understand that I am required to comply with all timekeeping and overtime regulations defined by state or federal law, collective bargaining agreements, exempt employee policies and procedures, civil service rules, or university policy. |  |
| I understand that the work I do while teleworking remains subject to university records retention policy and applicable regulations, including the Washington State Public Records Act RCW 42.56 |  |
| I understand that work-related injuries at my telework location during agreed-upon working hours may be covered by Workers’ Compensation. I am required to report any work-related illness or injury to my supervisor immediately and am required to fill out an [accident report](https://www.cwu.edu/ehs/accident-reporting) as an internal record of the incident within 24 hours of the event or claim. |  |
| I agree to maintain the confidentiality of all university information and documents and prevent unauthorized access to any university system or information.  |  |
| I agree to follow secure computing practices available in the [IS Remote Tool Box](https://www.cwu.edu/its/remote-work-toolbox) or by contacting the IS Service Desk (cwuservicedesk@cwu.edu or 509-963-2001). |  |
| I have read and understand the CWU Acceptable and Ethical Use of University Information Technology Policy ([CWUP 2-40-010](https://www.cwu.edu/resources-reports/cwup-2-40-010-acceptable-and-ethical-use-university-information-technology)). |  |

Employee signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I agree to ensure that the employee named herein is provided with the resources, training, equipment and supplies necessary for effective telework. I agree that in coming to this agreement we have thoughtfully considered how to successfully onboard and integrate the teleworking employee named herein into the unit’s teams, culture and opportunities.

Supervisor signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Appointing Authority signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

President/Vice President signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notes: