



CWU Staff Telework or Flexwork Assignment

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Employee:		Email:	
Telework Address:		Telework Phone:	
Supervisor:		Department:	
Supervisor Phone:		Supervisor Email:	

Employee's weekly work schedule, hours of work and location:

Day of Week	Work Hours	Work Location

Identify day of week & time of day on which workweek begins and ends (e.g., Monday 12:00 a.m. – Sunday 11:59 p.m.)

What work assignments will the employee perform at the telework site?
What standards of performance will be established for this telework or flex work assignments?
How will communication with the supervisor and others at the University be handled while teleworking or flex working?
How will telephone or other contacts for the employee at the university work site be handled?
What CWU equipment is being used offsite?
What support services (e.g., troubleshooting equipment problems) will the employee need at the telework site and how will these be provided? For remote work resource see www.cwu.edu/its/remote-work-resources
Other Discussion/Questions Documented

Employee Signature:		Date:	
Supervisor Signature:		Date:	