



## Telework Agreement Form

|                                |  |
|--------------------------------|--|
| Employee:                      |  |
| Job Title:                     |  |
| Department:                    |  |
| Supervisor:                    |  |
| Requested telework start date: |  |

Each telework arrangement is unique depending on the needs of the position, the supervisor, and the employee. Changes may be made at any time during the term of this agreement. Unless otherwise specified in this document, either the supervisor or the employee may terminate the telework agreement by providing a minimum of three days' written notice. This provision does not apply to telework arrangements made through the disability accommodation process.

### Work Schedule:

|  |   |
|--|---|
| Regular work schedule:                                   | <input type="checkbox"/> Monday <input type="checkbox"/> Thursday <input type="checkbox"/> Saturday<br><input type="checkbox"/> Tuesday <input type="checkbox"/> Friday <input type="checkbox"/> Sunday<br><input type="checkbox"/> Wednesday |
| Work shift for regular work days:                        | From _____ to _____, lunch @ _____ to _____   |
| Telecommuting schedule:<br><i>Check days that apply.</i> | <input type="checkbox"/> Monday <input type="checkbox"/> Thursday <input type="checkbox"/> Saturday<br><input type="checkbox"/> Tuesday <input type="checkbox"/> Friday <input type="checkbox"/> Sunday<br><input type="checkbox"/> Wednesday |
| Work shift for telework days:                            | From _____ to _____, lunch @ _____ to _____   |

### Job Duties:

The expectation for a telework arrangement is that the employee will continue to effectively accomplish regular job duties, regardless of work location. If there are telework-specific job duties or expectations, please specify them in the box below or enter N/A if not applicable.

|  |  |
|--|--|
| Telecommuting-specific job duties and/or expectations: |  |
|--|--|

**Equipment and Technology Access:**

Specify any equipment or technology access the employee will need to telework and whether it will be employee or employer provided. Review all policies on the use of College-owned equipment, including while teleworking.

|                           |  |
|---------------------------|--|
| Employee equipment needs: |  |
|---------------------------|--|

**Additional Details**

|   |  |
|---|--|
| Any other information applicable to this agreement: |  |
|---|--|

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

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

Approved by HR: \_\_\_ YES \_\_\_ NO

HR signature : \_\_\_\_\_ Date: \_\_\_\_\_