

Saturday

Telework Plan and Agreement Form

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.

	ersede the terms of the existing employment relationship.
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Employee Telework Information	
Employee Name:	
Job Title:	
Department:	
Supervisor:	
Arrangement requested by:	Employee Employer
Home Address where telework will be performed	ed:
Telework arrangement effective dates:	to
Work Schedule and Location Day of the Week	Work Hours
Sunday	
Monday	
Tuesday	
Wednesday	
Thursday	
- <i>I</i>	

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Telework Review

Specify a days/times to meet and discuss the effectiveness of the telework arrangement. Supervisors should touch base weekly and email is acceptable.

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Telework plan review days/times:	

Equipment and technology access

Specify any equipment or technology access the employee will use during telework. In the event of equipment failure or service interruption, the employee must notify employer immediately to discuss alternate assignments or other options.

Equipment / Device	Serial #

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 instant message chat.
- 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.
- 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 will not change due to participation in the telecommuting agreement.
- 3. 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.
- 4. Hourly employees will record all hours worked and meal periods taken in accordance with regular timekeeping practices.
- 5. Non-hourly employees will obtain supervisor approval prior to working unscheduled overtime.
- 6. Work will be monitored in the following manner (include frequency and method of review)
- 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.

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- 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. The employee will maintain a safe and secure work environment at all times.
- 11. The employee agrees to implement any modifications the unit/department deems necessary for safety and/or security purposes.
- 12. Supplies required to complete assigned work at alternate work location should be obtained prior to start of remote work. Out-of-pocket expenses for supplies normally available through the university will not be reimbursed
- 13. The employee understands that management retains the right to modify this agreement for any reason at any time.
- 14. 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.
- 15. For additional technology support, please see: https://www.kent.edu/keepworking.

Employee Signature & Date:		
Supervisor Signature & Date:		

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