

Teleworking Agreement Form

# Employee Information and Teleworking Details

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| --- | --- |
| Employee Name: |  |
| Employee Division: |  |
| Employee Job Title: |  |
| Supervisor: |  |

**Term**

The Agreement is in effect from to . New agreements must be completed by July 1st of each fiscal year. (For Faculty new agreements must be completed each semester).

**Work Location & Hours**

The employee’s telework location is:

The employee is approved to telework:

□ Occasionally upon approval of supervisor – no regular telework schedule.

□ On a regular telework schedule

The employee is scheduled to telework the following days:

□ Monday □ Tuesday □ Wednesday □ Thursday □ Friday □ Saturday □ Sunday

The employee’s core hours on telework days when they are available to supervisor and coworkers:

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| **Specific Duties** The job tasks that will be performed from the Teleworking location include: |

**Office and Equipment Inventory List**

List all items needed in order to meet expectations outlined in this Teleworking Agreement Form in the space below. If the item belongs to the College, please enter the item number in the space provided.

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| --- | --- | --- | --- | --- |
| Office equipment | Employee | College | N/A | Item Number |
| Desk or workstation |  |  |  |  |
| Supportive office chair |  |  |  |  |
| Desktop / Laptop |  |  |  |  |
| Printer |  |  |  |  |
| Fax |  |  |  |  |
| Scanner |  |  |  |  |
| Webcam |  |  |  |  |
| Phone |  |  |  |  |
| Internet |  |  |  |  |
| Other: |  |  |  |  |
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| Software / Collaboration | Employee | College | N/A | Item Number |
| E-mail |  |  |  |  |
| Instant messenger |  |  |  |  |
| Desktop application sharing |  |  |  |  |
| Video conferencing |  |  |  |  |
| Other: |  |  |  |  |
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# Agreements and Signatures

**Agreement**

This agreement may be amended at any time by A-B Tech. A copy of this agreement and any addendums or amendments will be provided to the employee and placed in the employee’s personnel file.

**EMPLOYEE:** By signing, the employee states they have read, understood, and agree to the terms and conditions of this agreement and the Teleworking for Employees Procedure 503.041.

Employee Signature Date

**IMMEDIATE SUPERVISOR:** By signing, the supervisor states they have read, understood, and agree to the terms and conditions of this agreement and the Teleworking for Employees Procedure 503.041. Supervisor has met with employee and discussed expectations outlined in this agreement. Supervisor confirms employee has the appropriate equipment, software and permissions to remotely perform the duties outlined in this agreement.

Immediate Supervisor Signature Date

**INTRODUCTORY PERIOD EXECPTION:** Only required if employee has not completed the Introductory Period (Policy 510.01).

**EXECUTIVE LEADERSHIP TEAM MEMBER APPROVAL:** [ ]  Approved [ ]  Declined

ELT Approval Date

**Original Form: Department**

**Copy: Employee, Human Resources Department**