**Telework Assignment Agreement**

between

Department name, University

and

Employee name, employee title

Employee name has requested to work remotely temporarily. The Employer and Employee agree to continued employment under the telework assignment subject to the following terms and conditions.

Effective (date) the above parties agree to the following arrangement:

* Employee will begin teleworking from a remote location (employee’s address)
* Employee will perform his/her regular duties of employee title
	+ Employee will not be required to travel to campus for meetings, but may be asked to participate via conference call or video call;
* Employee will remain at 1.0 FTE; if full-time work is unavailable for the duration of this agreement, appropriate paid or unpaid leave will be used to cover remaining hours;
* Employee will typically be available via cell phone and e-mail Monday – Friday, 8:00am – 5:00pm MST;
	+ Work-related phone calls and emails should typically be responded to no later than the following regular work day;
* Supervisor name must approve use of Sick Leave, Annual Leave, and Compensatory Time in advance;
* Employee will be responsible for security of information, documents, and records in his/her possession or used during telework;
	+ University-owned information will be accessed via secure VPN login or remote desktop per recommendation of University Information Technology;
* Employer will not pay for the following expenses:
	+ Maintenance, repairs, or service to privately owned equipment;
	+ Utility costs associated with the use of the computer or occupation of the alternate work site;
	+ Homeowners’ or Renters’ Liability insurance to cover the use of space in the alternate work site;
	+ Office furnishings and supplies;
* This telework arrangement will be in place through (date); however, the Employer may revise or terminate the agreement at any time.
* The parties may extend the duration of this agreement by mutual agreement.

By signing this Telework Agreement, I acknowledge that I have read and understand the University’s telework policies (policy hyperlink) and the requirements of this telework assignment. I accept the assignment as proposed and agree to comply with the terms and conditions in this agreement.

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Employee’s Signature Date

By signing this Telework Agreement, I certify that I have discussed the terms and conditions of the University’s telework policy (policy hyperlink) and this agreement with the above-signed employee. The Employee has been given an opportunity to ask questions and indicates an understanding of the agreement and the policy.

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Supervisor’s Signature Date

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HRBP’s Signature Date

cc: University Human Resources

 Departmental Personnel File