

## TELEWORK AGREEMENT

**FOR:** \_\_\_\_\_ **TELEWORK WILL BEGIN:** \_\_\_\_\_  
(Name of Employee) (Date)

### TASKS

The following are typical assignments that the employee will work on at the home/remote work location:

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Evaluation Criteria: \_\_\_\_\_  
\_\_\_\_\_

### TELEWORK LOCATION

Home  Satellite office  Other

Telework address \_\_\_\_\_

Telephone \_\_\_\_\_

### SCHEDULE

Telework day(s):

Monday  Tuesday  Wednesday  Thursday  Friday

Alternate day(s): \_\_\_\_\_

Start \_\_\_\_\_ a.m./p.m. Lunch \_\_\_\_\_ a.m./p.m. Finish \_\_\_\_\_ a.m./p.m.

Core hours you can be reached at the telework location: \_\_\_\_\_ a.m./p.m. to \_\_\_\_\_ a.m./p.m.

How many days a month do you expect to telework? \_\_\_\_\_ Days

**COMMUNICATION EQUIPMENT**

Employee agrees to have the following communication equipment at the telework location:

Answering machine \_\_\_\_\_ Voice Mail \_\_\_\_\_ Call forwarding \_\_\_\_\_ Fax \_\_\_\_\_

Business telephone calls made from the home will be paid for as follows:

Eastern Oregon University Credit Card # \_\_\_\_\_ or Employee reimbursement

Data calls made from home with a personal computer will be reimbursed as follows:

\_\_\_\_\_

The decision whether to install a telephone line to the home for a personal computer will be made between the supervisor and the employee. If such a line is installed, the expenses will be handled as follows:

\_\_\_\_\_

\_\_\_\_\_

**OTHER EQUIPMENT**

The following equipment will be used by the employee in the home/remote work location:

Item: \_\_\_\_\_ Owner: \_\_\_\_\_

Item: \_\_\_\_\_ Owner: \_\_\_\_\_

Item: \_\_\_\_\_ Owner: \_\_\_\_\_

Item: \_\_\_\_\_ Owner: \_\_\_\_\_

Item: \_\_\_\_\_ Owner: \_\_\_\_\_

Item: \_\_\_\_\_ Owner: \_\_\_\_\_

**AGREEMENT**

I have read and understand the Telework Policy and agree to the duties, obligations, responsibilities and conditions for teleworkers described in the policy. I further understand that effective communication and satisfactory completion of stated objectives are keys to successful telework.

I agree that, among other things, I am responsible for establishing teleworking hours, observing wage and hour provisions as they apply, furnishing and maintaining my remote worksite in a safe manner, employing appropriate security measures, and complying with all other policies of Eastern. I agree to provide access to my worksite by any agent of Eastern to conduct post-accident or other investigations.

I agree not to use any Eastern Oregon University equipment for private purposes disallowed by Eastern Oregon University policies, nor allow family members or friends access to that equipment. I understand Eastern Oregon University may pursue recovery for any Eastern Oregon University property that is deliberately or negligently damaged or destroyed while in my care, custody and control. I shall promptly return all Eastern Oregon University equipment and data documents when requested by my supervisor. I agree to follow all software licensing provisions agreed to by Eastern Oregon University.

I agree to notify my supervisor promptly when I am unable to perform work assignments due to equipment failure, illness, or other circumstances. I agree that no business meetings will be held in my home on telework days without specific approval of my supervisor. I agree that travel between the home/remote work location and the primary worksite shall not be reimbursed. I agree that telework is not a substitute for child or dependent care and that other arrangements are necessary for regular dependent care.

I understand that telework options require management approval. I may stop teleworking with written notice to my supervisor and agree to accept a worksite and equipment assigned upon my return to a regular worksite. I understand that my supervisor or the Vice President may, at any time and for any reason, change any or all of the conditions under which I telework or may withdraw permission to telework.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

**EASTERN OREGON UNIVERSITY APPROVAL**

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Vice President Signature \_\_\_\_\_ Date \_\_\_\_\_