

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:

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 _____ am./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 _____