



# TELEWORK AGREEMENT

EASTERN OREGON  
UNIVERSITY

Employee Name: \_\_\_\_\_ Primary Office Phone: \_\_\_\_\_

Department: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone \_\_\_\_\_

Telework location: Home Satellite Office Other Start Date \_\_\_\_\_ End Date \_\_\_\_\_

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

Telework telephone \_\_\_\_\_ Telework email \_\_\_\_\_

Which days do you propose to telework?

Monday Tuesday Wednesday Thursday Friday

Variable/seasonal (specify) \_\_\_\_\_

### Daily schedule

Total hours per day: \_\_\_\_\_ Start: \_\_\_\_\_ Finish \_\_\_\_\_

Core hours you can be reached \_\_\_\_\_ to \_\_\_\_\_

### 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 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

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

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

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

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

### Task

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

Evaluation Criteria:

**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, over seeing wage and hour provisions as they apply, furnishing and maintaining my remote worksite in a safe manner, employing appropriate security measure, and complying with all other policies of Eastern Oregon University. I agree to provide access to my worksite by any agent of Eastern Oregon University 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 member or friends access to that equipment. I understand Eastern Oregon University may pursue recover 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 document 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 circumstance. 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: \_\_\_\_\_

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

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



**Process Workflow:**

- 1. Completed by Employee 2. Supervisor Signature 3. Vice President Signature 4. Route to HR to file in Personnel File