

# Telework Agreement

Use this form to develop requirements for telework. This document is required by the College’s Telework Policy and is intended to ensure that both the employee and the employer have a clear, shared understanding of the employee’s telework arrangement. Each telework arrangement is unique depending on the needs of the position, supervisor, and employee. In defining a telework arrangement, the employee and their supervisor are expected to evaluate the costs and benefits of telework, identify work expectations, and clearly communicate how expectations may be met.

This telework agreement is not a contract of employment, does not provide any contractual rights to continued employment, and may be terminated by the employer at any time with reasonable advance notice, unless it is for alleged misconduct or an emergency, in which case, it may be terminated immediately. It does not alter or supersede the terms of the existing employment relationship.

# Telework Information

|  |  |  |  |
| --- | --- | --- | --- |
| Employee Name |  | | |
| Evergreen A# |  | | |
| Position Title |  | | |
| Employee Type | Classified  Non-Represented Exempt  Represented Exempt  Temporary/Hourly  Student | | |
| Weekly FTE |  | | |
| Overtime Eligible | Yes  No | | |
| Work Unit |  | | |
| Appointing Authority or Reporting Dean Name |  | | |
| Supervisor Name |  | | |
| Arrangement requested by | Employee  Employer | | |
| Telework arrangement (select one) | 1 day per week  2 days per week  3 days per week  4 days per week  5 days per week | or | Other, regularly scheduled. Description:  Occasional telework. Description: |
| Out of State Telework Request | Yes, State:        No  **Note**: Preapproval is required; see Out-of-State Worker policy. | | |
| Address where telework will be performed: |  | | |
| Telework arrangement effective dates | Start date:  End date, if applicable:        Indefinite | | |
| Trial telework arrangement | Yes, date to evaluate:        No | | |

# Work Schedule and Location

***Note***: The daily hours worked provided below must match the official Work Schedule Change/Assignment form on file with Human Resource Services, as applicable.

|  |  |  |
| --- | --- | --- |
| **Day of Week** | **Daily Hours Worked** | **Work Location**  **(provide description if working at both sites in one day)** |
| Sunday |  | 🞏 Campus 🞏 Telework site |
| Monday |  | 🞏 Campus 🞏 Telework site |
| Tuesday |  | 🞏 Campus 🞏 Telework site |
| Wednesday |  | 🞏 Campus 🞏 Telework site |
| Thursday |  | 🞏 Campus 🞏 Telework site |
| Friday |  | 🞏 Campus 🞏 Telework site |
| Saturday |  | 🞏 Campus 🞏 Telework site |

***Optional***: Complete the next work schedule section if different than previous week (add additional weeks as needed):

|  |  |  |
| --- | --- | --- |
| **Day of Week** | **Daily Hours Worked** | **Work Location**  **(provide description if working at both sites in one day)** |
| Sunday |  | 🞏 Campus 🞏 Telework site |
| Monday |  | 🞏 Campus 🞏 Telework site |
| Tuesday |  | 🞏 Campus 🞏 Telework site |
| Wednesday |  | 🞏 Campus 🞏 Telework site |
| Thursday |  | 🞏 Campus 🞏 Telework site |
| Friday |  | 🞏 Campus 🞏 Telework site |
| Saturday |  | 🞏 Campus 🞏 Telework site |

# Telework Expectations

The general expectation for a telework arrangement is that the employee will effectively accomplish all of their regular job duties, regardless of work location.

The employee agrees:

* To be available and responsive during scheduled work hours.
* My duties, obligations, and responsibilities as a telecommuting employee are the same as onsite workers, including my obligation to respond to my voicemail, email, and other messages in a timely manner.
* While telecommuting, I will work at the above-listed locations during my telecommuting work schedule, unless I have received prior approval to temporarily work elsewhere.
* I agree to and will follow all meal break and rest period state and federal laws, college policy, and applicable collective bargaining agreement provisions.
* That any time off, modification to assigned schedule, or overtime must be prearranged and approved by the employer according to work unit guidelines and consistent with the rules applicable to my employment (e.g., College policy and procedures, collective bargaining agreement, civil service rules).

Summarize specific expectations for this telework arrangement below. Additional expectations may be added as needed.

|  |  |  |
| --- | --- | --- |
| **Expectations** | **Supervisor’s comments and expectations** | **Employee’s comments and expectations** |
| Communication with clients/ students/stakeholders, team, and supervisor, including methods of communication |  |  |
| Working with family members at home (if applicable) |  |  |
| Duties, events, or activities that require in-person attendance. Detail any notice requirements and travel expense coverage (if applicable) |  |  |
| Other: |  |  |

# Telework Arrangement Modification

Either the employee or their supervisor may end a telework arrangement by providing reasonable advance notice unless it is for alleged misconduct or an emergency, in which case it may be terminated immediately. This provision does not apply to telework arrangements made through the disability accommodation process. All employee-proposed changes are subject to employer approval.

# Telework Review

Temporary modifications to this agreement should be discussed between the employee and supervisor. All telework agreements should be renewed at least annually using a new Telework Agreement form.

Specify a date to meet and discuss the effectiveness of the telework arrangement.

|  |  |
| --- | --- |
| Telework plan review date |  |

# Equipment and Technology Access

The employee and employer agree to work together to ensure that the alternate worksite is safe, productive, and ergonomically suitable. The employee and supervisor shall work together to determine whether the work unit will issue new or additional equipment necessary to perform the job, or if an employee already has the required equipment, the unit may determine that the employee will use their own equipment. Telework arrangements do not typically result in the duplication of office equipment.

Specify any equipment or technology the employee will need to telework and whether it will be employee or employer provided. In the event of equipment failure or service interruption, the employee must notify employer immediately to discuss alternate assignments or other options.

Items provided by the College, including items purchased by the employee and reimbursed, remain the property of the College and may only be used for state business. College property must meet the expectations for information security, be properly secured, and returned to the College at the end of the teleworking arrangement. Employees are responsible for loss or damage to College property that is used when teleworking.

# Equipment/Supplies by Work Location

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Equipment**  **(enter N/A if the item is not assigned)** | **College Location** | **Provided by** | **Telework Location** | **Provided by** | **Notes** |
| Laptop |  |  |  |  |  |
| Docking station |  |  |  |  |  |
| Desktop computer |  |  |  |  |  |
| Mouse |  |  |  |  |  |
| Keyboard |  |  |  |  |  |
| Monitor(s) |  |  |  |  |  |
| Desk |  |  |  |  |  |
| Desk chair |  |  |  |  |  |
| Webcam |  |  |  |  |  |
| Phone |  |  |  |  |  |
| Headset/microphone |  |  |  |  |  |
| Power strip/extension cord |  |  |  |  |  |
| Printer |  |  |  |  |  |
| Office supplies |  |  |  |  |  |
| Ergonomic modifications (e.g., keyboard tray, glare filter, foot stool, etc.) |  |  |  |  |  |
| Other |  |  |  |  |  |

# Additional Details

Use this section to document any other details not already covered by this telework agreement.

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# Policies and Procedure Acknowledgement

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| --- | --- |
| **Policy/Procedure** | **Employee Initials** |
| I have read and understand this agreement and the College’s Telework Policy and, if applicable, Out-of-State Worker Policy. |  |
| I understand that I am required to comply with all timekeeping and overtime regulations and meal break and rest period provisions defined by state or federal law (e.g., the Fair Labor Standards Act), collective bargaining agreements, civil service rules, or College policy. |  |
| I understand that the work I do while teleworking remains subject to College records retention policy and applicable regulations, including the Washington State Public Records Act RCW 42.56. |  |
| I understand that work-related injuries at my telework location during agreed-upon working hours may be covered by Workers’ Compensation. I am required to report any work-related illness or injury to my supervisor immediately and am required to fill out an accident report as an internal record of the incident within 24 hours of the event or claim. |  |
| I agree to maintain the confidentiality of all College information and documents and prevent unauthorized access to any College system or information. |  |
| I have read and understand the College’s Appropriate Use of Information Technology Resources policy. |  |
| I understand that I am responsible for loss or damage to College property that is used when teleworking. |  |
| I understand that the College assumes no responsibility for my expenses related to internet service, heating, electricity, water, security, insurance, and usage of personal residence. In addition, the College assumes no responsibility for any damage to, wear of, or loss of my personal property. I remain liable for injuries to third parties and/or family members on my premises/residence. |  |
| I understand this telework agreement is not a contract of employment, does not provide any contractual rights to continued employment, and may be terminated by the employer at any time with reasonable advanced notice, unless it is for alleged misconduct or an emergency, in which case, it may be terminated immediately. It does not alter or supersede the terms of the existing employment relationship. |  |

# Telework Agreement Signatures

I acknowledge that this telework agreement has been discussed with me and I agree to the terms and conditions herein.

|  |  |
| --- | --- |
| Employee Signature |  |
| Date |  |

I agree to ensure that the employee named herein is provided with the resources, training, equipment, and supplies necessary for effective telework. I affirm that I have thoughtfully considered how to successfully integrate the teleworking employee named herein into the unit’s teams, culture, and opportunities.

|  |  |
| --- | --- |
| Appointing Authority/Reporting Dean Signature |  |
| Date |  |

I agree to ensure that the employee named herein is provided with the resources, training, equipment, and supplies necessary for effective telework. I affirm that I have thoughtfully considered how to successfully integrate the teleworking employee named herein into the unit’s teams, culture, and opportunities.

|  |  |
| --- | --- |
| Supervisor Signature (if different from above) |  |
| Date |  |

# Filing

For Classified, Non-Represented Exempt, and Represented Exempt: Supervisor submits this form to Human Resource Services for review and filing; supervisor and employee retain a copy of this form.

For Temporary/Hourly and Student employees: Supervisor and employee retain a copy of this form.