

Telecommuting Plan and Agreement Form

This document is intended to ensure that both the supervisor and the employee 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. This form can be adapted to unit requirements as necessary.

This telework agreement is not a contract of employment and does not provide any contractual rights to continued employment. It does not alter or supersede the terms of the existing employment relationship.

Employee Telework Information

Employee Name:	
Banner ID:	
Email:	
Phone:	
Job Title:	
Department:	
Supervisor:	
Appointment Type: (check all that apply)	<input type="checkbox"/> CSA <input type="checkbox"/> NFE <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary
Arrangement requested by:	<input type="checkbox"/> Employee <input type="checkbox"/> Employer
Location where telework will be performed:	<input type="checkbox"/> Home <input type="checkbox"/> Other (describe) _____
Remote location address:	
Duration requested:	Temporary From — Intermittent Days — Ongoing From —

Job Duties

The general expectation for a telework arrangement is that the employee will effectively accomplish their regular job duties, regardless of work location unless otherwise indicated below. If there are telework-specific job duties and/or expectations, specify them in the box below, or enter N/A.

Please describe how telecommuting will allow you to meet program and workload goals, provide better customer service, and how your job duties are suited for telecommuting:

Work Schedule and Location

Day of Week	Work Hours	Work Location
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

The department supervisor may end an employee requested telework arrangement at any time. This provision does not apply to telework arrangements made through the disability accommodation process. All employee-proposed changes are subject to departmental approval.

Telework agreements should be reviewed regularly, at least quarterly. Ad-hoc modifications to this agreement must be discussed between the employee and supervisor. Long-term or substantive modifications should be documented by revising this agreement.

Telework Review

Specify a date to meet and discuss the effectiveness of the telework arrangement, or enter N/A.

Telework plan review date:	
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Equipment and Technology Access

Specify any equipment or technology access 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.

Equipment	Provided by

Additional details

Policies and Procedure Acknowledgement	Employee Initials
I have read and understand BHSU's Policies and Processes related to telework	
I have read and understand any departmental telework policies	
I have read and understand BHSU's Information Technology policies	

Employee Signature

By signing below, I confirm that the information on this form is accurate and complete to the best of my knowledge.

Employee Signature Date

Request Decision

(To be completed by Supervisor after review of University Telecommuting policy)

This telecommuting request is _____ **Approved Pending Agreement** _____ **Denied**

If denied, the denial was based on the following rationale(s):

Please note: Supervisors retain the authority to temporarily or permanently revoke any approved Telecommuting requests for any reasonable employment, educational or programmatic reason. Reasonable effort will be made to provide 30 days' notice of such a change to accommodate commuting, childcare and other problems that may arise from such a change.

By signing below, I confirm the information I offered above is accurate and complete to the best of my knowledge.

Supervisor Signature Date

Additional Signatures

Human Resources Signature Date

Vice President Signature Date