

Western Oregon University Telecommuting Agreement

Instructions: The following constitutes the terms and conditions required by Western Oregon University to establish the necessary assignments, requirements, procedures, and signatures for teleworking.

PART 1: Employee Information															
Last Name:			First Name:						V#:						
Department/Division:			Title:						Classified		Unclassified		Faculty		Student
Telework Type (Core, Situational, Trial):						Please check one if applicable: Temporary Emergency Situation									
Primary Worksite Details															
Street Address:			Office:			Office Phone:			Office Fax:		Email Address:				
Alternate Worksite (Telecommuting)															
Street Address:			Phone (Home):			Phone (Cell):			Fax:		Alternate email:				
Telework dates															
A new agreement is required if the employee will be telecommuting beyond the end date of the agreement															
Start date:						End date:									
Days of Work															
Please indicate number of hours the employee shall work in Primary worksite and Telecommuting site. (No more than 32 hours for furloughed employees and student workers. V															
Primary work site:		Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
Telecommuting site:		Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
Official duties while telecommuting (or attach list)															
PART 2: Supervisor and Employee Agreement															
Each of the elements below must be read and understood by both the supervisor and the employee. Employees and supervisors are encouraged to sit down together to go through the following elements so each individual understands the other's expectations. Link to provisions in WOU's Telecommuting Guidelines:															
Provision										Supervisor Initial		Employee Initial			
Provision A: Communication															
Provision B: Conditions of Employment															
Provision C: Dependent Care															
Provision D: Equipment															
Provision E: Equipment Liability															
Provision F: Home Work Site															
Provision G: Hours of Work															
Provision H: Incidental Costs															
Provision I: Inclement Weather															
Provision J: Injuries															
Provision K: Inspections															
Provision L: Intellectual Property															
Provision M: Leave															
Provision N: Network Access															
Provision O: Office Supplies															
Provision P: Performance and Evaluation															
Provision Q: Personal Business															
Provision R: Policies															
Provision S: Quality of Work															
Provision T: Questions															
Provision U: Record Retention															
Provision V: Security															
Provision W: Taxes															
Provision X: Telephone/Internet Expenses															
Provision Y: Travel															
Provision Z: Work Site															
Part 3: Certification															
Enter the Name and email address of your direct supervisor (the authority who will be reviewing your request)															
Supervisor's Name:						Supervisor's Email:									
By signing the agreement, the employee and supervisor certify that all provisions have been reviewed and understood.															
Employee Signature/Date:						Supervisor Signature/Date:									
Vice President Signature/Date:						HR Approval:									