

Eastern Kentucky University Telework Agreement Form

Pursuant to University Policy 8.3.8, Teleworking is the allowance or assignment by the University for an employee to perform his or her job duties at an off campus location, including the individual's home, for all or part of the workweek. To request consideration for a teleworking assignment, the employee must complete this teleworking agreement form and forward it to their supervisor for their consideration and possible approval. Each telework arrangement is unique depending on the needs of the position, supervisor, and employee. It is essential that both the supervisor and the employee have a clear, shared understanding of the employee's telework arrangement.

General Information

Date of Request:	
Employee:	
EKU ID:	
Job Title:	
Department:	
Supervisor:	
Location where telework will be performed:	
Telework arrangement requested dates:	

Job Duties

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

Employee Responsibilities (Please initial)

_____ I have read and understand Policy 8.3.8, Teleworking.

_____ I understand that this teleworking agreement is temporary, and that, as deemed necessary by my supervisor or other appropriate University official, this agreement can be cancelled at any time.

_____ I agree to fulfill my job duties competently, in a timely manner, and in accordance with the expectations for my position, as I would be regardless of this teleworking agreement.

_____ I agree to maintain effective and timely communication with my supervisor, co-workers, and constituents such as is necessary and in accordance with my job duties.

_____ I agree to establish and maintain a space conducive to productive work and maintain safe work conditions prior to beginning any teleworking arrangement.

_____ I agree to maintain accurate time reporting (including entering work, vacation, and sick time).

_____ I agree to obtain prior management approval for overtime.

_____ I agree to maintain asset, data and information security.

_____ I understand that employees are liable for any injuries sustained by visitors to their work site, including work sites established pursuant to this agreement (e.g., my home, etc.).

_____ I agree to comply with all safety policies and procedures, including immediately reporting injuries sustained during working hours to my supervisor and/or any other appropriate University official.

_____ I agree to comply with all conduct and work performance policies, regulations, and standards, including reporting requirements established under relevant policies.

_____ I understand that as an employee I am responsible for insuring all equipment not owned by Eastern Kentucky University used for telecommuting. I understand that the University will not be responsible for operating costs, home maintenance, property or liability insurance, or other incidental expenses (utilities, cleaning services, etc.) associated with the use of the employee's residence.

_____ I agree to manage dependent care or personal responsibilities in a way that allows for successful meeting of job responsibilities. **I understand that a telecommuting arrangement is not meant as a substitute for child/dependent care.**

Employee Signature

Date

Supervisor Signature

Date

Vice President Signature

Date