

COVID-19 Telework Agreement

This document is intended to ensure that both the supervisor and the employee have a clear, shared understanding of the employee's (work from home) telework arrangement during the COVID-19 outbreak. 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:	
Job Title:	
Department:	
Supervisor:	
Arrangement requested by:	<input type="checkbox"/> Employee <input type="checkbox"/> Employer (Please Check One)
Location where telework will be performed:	
Telework arrangement effective 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 in the box below, or enter N/A.

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Communication Plan

Describe communication method (phone or video conference) and frequency (daily meeting time or other frequency)

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Work Schedule and Location

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

Supervisor Comments and Approval:

Equipment and technology access

The employee and employer agree to work together to ensure that the alternate worksite is safe and ergonomically suitable, as much as possible. 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 supervisor immediately to discuss alternate assignments or other options.

Equipment	Provided by	Responsible for loss or damage

Additional details:

Policies and Procedure Acknowledgment

Employee Initials

I have read and understand Whitman College's Human Resources Guidelines for Telework - COVID - Staff Employees.	
I have read and understand Whitman College's Network Account Policy, Privacy Policy and Acceptable Use Policy, and any other relevant policies, as located on the WCTS policies website . This includes complying with software licensing agreements.	
I agree to secure and maintain the confidentiality of college data and records in accordance with the WCTS Work From Home guidance. I understand sensitive data should not be placed on a personal computer, but should be accessed via customary secure remote access technology.	
I understand non-exempt employees should accurately report all hours worked on BambooHR timesheets daily to ensure compliance with the recordkeeping and overtime requirements of the law. For non-exempt employees, certain activities, such as travel to and from required meetings that occur during scheduled work time are included as hours worked. All telecommuting employees should maintain current tracking of sick leave or vacation time observed.	

Employee signature: _____ date: _____

Supervisor signature: _____ date: _____

HR