**Dean’s Office Telework Plan and Agreement for COVID-19 Based Telework**

This document is intended to ensure that both the supervisor and the employee have a clear, shared understanding of the employee’s telework arrangement during the COVID-19 outbreak in King County beginning March 2020. The fluidity of this situation will require regular communication between employees and supervisors.

In general, employees are expected to fulfill their normal job duties while teleworking as they would if working in the office. If employees cannot work - either onsite or remotely - employees should claim time off for time not worked. 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: | College of the Environment Dean’s Office |
| Supervisor: |  |
| Arrangement requested by: | 🞏 Employee 🞏 Employer |
| Location where telework will be performed: |  |
| Telework arrangement effective dates: | March 9, 2020, until UW’s COVID-19 telework guidance changes (TBD) |

**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.

|  |
| --- |
|  |

**Work Schedule and Location**

Day of Week Work Hours Work Location

|  |  |  |
| --- | --- | --- |
| Sunday | N/A | N/A |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |
| Saturday | N/A | N/A |

**Telework Arrangement Modification**

Unless a collective bargaining agreement states otherwise, either the employee or their department may end an employee requested telework arrangement by providing no less than 5 business days’ written notice. This provision does not apply to telework arrangements made through the disability accommodation process. All employee-proposed changes are subject to departmental approval. Ad-hoc modifications to this agreement should be discussed between the employee and supervisor. Long-term or substantive modifications should be documented by revising this agreement.

**Telework Review**

|  |  |
| --- | --- |
| Telework plan review date: | TBD pending University guidance in response to COVID-19 outbreak |

**Equipment, phone, and technology access**

The employee and employer agree to work together to ensure that the alternate worksite is safe and ergonomically suitable. 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.

Furthermore, the employee will:

1. Be available by phone, email and video conferencing (e.g., Zoom) during normal business operations.
2. Forward their office phone to an alternate phone by following [UW IT’s Call Forwarding instructions](https://itconnect.uw.edu/connect/phones/dialing/#call_forward) or using [Extension Connect](https://itconnect.uw.edu/connect/phones/extension-connect/).
3. Ensure their [UW Directory](https://www.washington.edu/home/peopledir/) listing includes at least one current phone number.
4. Check their office voicemail frequently. See [UW IT’s Voicemail System access instructions](https://itconnect.uw.edu/connect/phones/voicemail/).
5. Place an out-of-office on their email and voicemail, naming an alternate contact if one is available, if they will not be working either remotely or in the office.
6. Maintain a current schedule on their Outlook calendar and ensure their calendar shows whether they are “Working Elsewhere” or “Out of Office.”
7. Use [Husky OnNet](https://itconnect.uw.edu/connect/uw-networks/about-husky-onnet/use-husky-onnet/) for secure VPN access to Dean’s Office IT resources.

Equipment Provided by Responsible for loss or damage

|  |  |  |
| --- | --- | --- |
| Laptop computer | Dean’s Office | Dean’s Office |
| Other computer hardware (specify) | Dean’s Office | Dean’s Office |
| Personal equipment (specify) | Individual employee | Individual employee |

**Policies and Procedure Acknowledgement**  Employee Initials

|  |  |
| --- | --- |
| I have read and understand [UW Human Resources’ Telework Policy and Process](https://hr.uw.edu/policies/telework/) |  |
| I have read and understand the Dean’s Office Telework Policy telework policies [To be posted] |  |
| I have read and understand [APS 47.2 Personal Use of University Facilities,](http://www.washington.edu/admin/rules/policies/APS/47.02.html)  [Computers, and Equipment by University Employees](http://www.washington.edu/admin/rules/policies/APS/47.02.html) |  |

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_