# TELEWORK AGREEMENT | Hybrid or occasional telework

A hybrid telework arrangement is one where the employee has both an ongoing, regular telework arrangement and also reports onsite. The University worksite remains the official work location. This document is intended to ensure that both the manager 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, manager, and employee. In defining a telework arrangement, the employee and their manager are expected to evaluate the costs and benefits of telework, identify work expectations, and clearly communicate how expectations may be met.

This telework agreement is not a contract of employment, does not provide any contractual rights to continued employment, and may be terminated by the department at any time with thirty calendar days’ notice, unless it is for alleged misconduct or an emergency, in which case, it may be terminated immediately. It does not alter or supersede the terms of the existing employment relationship. Use this form to develop requirements for hybrid or occasional telework, recognizing that **telework arrangements for hybrid or occasional telework will not typically result in the duplication of office equipment**.

## Employee telework information

|  |  |  |
| --- | --- | --- |
| Employee Name: | Click here to enter employee name. | |
| Job Title: | Click here to enter job title. | |
| Department: | Click here to enter department. | |
| Manager: | Click here to enter manager name. | |
| Arrangement requested by: |  | Employee |
|  | Employer |
| Telework arrangement (select one): |  | 1 day per week |
|  | 2 days per week |
|  | 3 days per week |
|  | 4 days per week |
|  | Other; less than 100% telework but varies per week Click here to enter days per week. |
|  | Occasional or just in case telework |
| Address where telework will be performed: | Click here to enter address. | |
| Telework arrangement effective dates: | Start date Click or tap to enter a date.  End date, if applicable Click to enter a date.  Indefinite (reviewed at least annually) | |

## Work schedule and location

**Hybrid**

|  |  |  |
| --- | --- | --- |
| **Day of Week** | **Work Hours** | **Work Location** |
| Sunday | Click here to enter work hours. | Click here to enter work location. |
| Monday | Click here to enter work hours. | Click here to enter work location. |
| Tuesday | Click here to enter work hours. | Click here to enter work location. |
| Wednesday | Click here to enter work hours. | Click here to enter work location. |
| Thursday | Click here to enter work hours. | Click here to enter work location. |
| Friday | Click here to enter work hours. | Click here to enter work location. |
| Saturday | Click here to enter work hours. | Click here to enter work location. |

**Occasional/Ad Hoc**

|  |  |
| --- | --- |
| **Explanation of potential occasional telework circumstances** | Click here to enter explanation. |

## Telework expectations

The general expectation for a telework arrangement is that the employee will effectively accomplish all of their regular job duties, regardless of work location.

I agree:

* To be available and responsive during scheduled work hours.
* My duties, obligations, and responsibilities as a telecommuting employee are the same as onsite workers, including my obligation to respond to my voicemail, e-mail and other messages in a timely manner.
* While telecommuting, that I will work at the above-listed locations during my telecommuting work schedule, unless I have received prior approval to temporarily work elsewhere.
* That any time off or overtime must be prearranged according to department guidelines and consistent with the rules applicable to my employment (e.g., Professional Staff Program, collective bargaining agreement, civil service rules).

Specific expectations for this telework arrangement should be summarized in the table below. Additional rows may be added as needed.

| Expectations | Manager’s comments and expectations | Employee’s comments and expectations |
| --- | --- | --- |
| Communication with clients/ students/stakeholders, team, and manager | Click here to enter manager comments. | Click here to enter employee comments. |
| Working with family members at home (if applicable) | Click here to enter manager comments. | Click here to enter employee comments. |
| Events or activities which require in-person attendance. Detail any notice requirements and travel expense coverage (if applicable). | Click here to enter manager comments. | Click here to enter employee comments. |

## 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 thirty calendar days’ written notice unless it is for alleged misconduct or an emergency, in which case it may be terminated immediately. 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 must be renewed at least annually. Temporary or ad-hoc modifications to this agreement should be discussed between the employee and manager. 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: | Click to enter a date. |

## Equipment and technology access

The employee and employer agree to work together to ensure that the alternate worksite is safe, productive, and ergonomically suitable. In a hybrid telework arrangement, the employee and unit shall work together to determine whether the unit will issue new or additional equipment necessary to perform the job, or if an employee already has the required equipment, the unit may determine that the employee will use their own equipment. Telework arrangements do not typically result in the duplication of office equipment.

Specify any equipment or technology 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. Enter N/A if the item is not used.

Items provided by the University, including items purchased by the employee and reimbursed, remain the property of the University and may only be used for state business. University property must meet the expectations for information security, be properly secured, and returned to the University at the end of the teleworking arrangement.

Employees are responsible for loss or damage to University property that is used when teleworking.

### Equipment by work location

| **Equipment** | **University Location** | **Provided by** | **Telework Location** | **Provided by** | **Notes** |
| --- | --- | --- | --- | --- | --- |
| Laptop | Click to enter text. | Click to enter text. | Click to enter text. | Click to enter text. | Click to enter text. |
| Docking station | Click to enter text. | Click to enter text. | Click to enter text. | Click to enter text. | Click to enter text. |
| Computer | Click to enter text. | Click to enter text. | Click to enter text. | Click to enter text. | Click to enter text. |
| Mouse | Click to enter text. | Click to enter text. | Click to enter text. | Click to enter text. | Click to enter text. |
| Keyboard | Click to enter text. | Click to enter text. | Click to enter text. | Click to enter text. | Click to enter text. |
| Monitor(s) | Click to enter text. | Click to enter text. | Click to enter text. | Click to enter text. | Click to enter text. |
| Desk | Click to enter text. | Click to enter text. | Click to enter text. | Click to enter text. | Click to enter text. |
| Desk chair | Click to enter text. | Click to enter text. | Click to enter text. | Click to enter text. | Click to enter text. |
| Web cam | Click to enter text. | Click to enter text. | Click to enter text. | Click to enter text. | Click to enter text. |
| Phone | Click to enter text. | Click to enter text. | Click to enter text. | Click to enter text. | Click to enter text. |
| Headset/microphone | Click to enter text. | Click to enter text. | Click to enter text. | Click to enter text. | Click to enter text. |
| Power strip/extension cord | Click to enter text. | Click to enter text. | Click to enter text. | Click to enter text. | Click to enter text. |
| Printer | Click to enter text. | Click to enter text. | Click to enter text. | Click to enter text. | Click to enter text. |
| Office supplies | Click to enter text. | Click to enter text. | Click to enter text. | Click to enter text. | Click to enter text. |
| Ergonomic modifications (e.g., keyboard tray, glare filter, foot stool, etc.) | Click to enter text. | Click to enter text. | Click to enter text. | Click to enter text. | Click to enter text. |

## 

## Additional details

|  |
| --- |
| Click to add additional details. |

## Policies and procedure acknowledgement

|  |  |
| --- | --- |
| **Policy/Procedure** | **Employee initials** |
| I have read and understand UW Human Resources’ Telework Policy and Process  <https://hr.uw.edu/policies/telework/telework-remote-work-and-out-of-state-work/> and any departmental telework policy. | Click to add initials. |
| I understand that I am required to comply with all timekeeping and overtime regulations defined by state or federal law (e.g., the Fair Labor Standards Act), collective bargaining agreements, Professional Staff Program, civil service rules, or University policy. | Click to add initials. |
| I understand that the work I do while teleworking remains subject to University records retention policy and applicable regulations, including the Washington State Public Records Act RCW 42.56 | Click to add initials. |
| I understand that work-related injuries at my telework location during agreed-upon working hours may be covered by Workers’ Compensation. I am required to report any work-related illness or injury to my manager immediately and am required to fill out an accident report as an internal record of the incident within 24 hours of the event or claim. | Click to add initials. |
| I agree to maintain the confidentiality of all University information and documents and prevent unauthorized access to any University system or information. | Click to add initials. |
| I agree to follow secure computing practices: <https://itconnect.uw.edu/security/securing-computer/> | Click to add initials. |
| I have read and understand APS 47.2 Personal Use of University Facilities,  Computers, and Equipment by University Employees (<https://www.washington.edu/admin/rules/policies/APS/47.02.html>) | Click to add initials. |
| I understand this telework agreement is not a contract of employment, does not provide any contractual rights to continued employment, and may be terminated by the department at any time with thirty calendar days’ notice, unless it is for alleged misconduct or an emergency, in which case, it may be terminated immediately. It does not alter or supersede the terms of the existing employment relationship. | Click to add initials. |

Employee signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I agree to ensure that the employee named herein is provided with the resources, training, equipment and supplies necessary for effective telework. I agree that I/[name of unit] has thoughtfully considered how to successfully onboard and integrate the teleworking employee named herein into the unit’s teams, culture and opportunities.**

Unit head or designee signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_