Telework Plan and Agreement Form

This document is intended to ensure that both the supervisor 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, the supervisor, and the employee. Change this worksheet as necessary.

Unless otherwise specified in this document either the employee or the employer may end a voluntary telework arrangement by providing two weeks’ written notice. This provision does not apply to telework arrangements made through the disability accommodation process. Employer-required telework arrangements may only be ended with the employer’s written approval.

# Employee Telework Information

|  |  |
| --- | --- |
| Employee: |  |
| Job Title: |  |
| Department: |  |
| Supervisor: |  |
| Type of telework arrangement: |  |
| Telework arrangement  effective dates:  *Leave the end date blank if not applicable.* | — |

# Job Duties

The general expectation for a telework arrangement is that the employee will continue to effectively accomplish his or her 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 NA.

|  |  |
| --- | --- |
| Telework-specific job duties and/or expectations: |  |

# Work Schedule

|  |  |  |  |
| --- | --- | --- | --- |
| Regular work schedule:  *Leave blank if all work is being done by telework.* | Monday | Tuesday | Wednesday |
| Thursday | Friday |  |
| Saturday | Sunday |  |
| Work period for regular work days: | From       to | | |
| Telework schedule:  *Check days that apply.* | Monday | Tuesday | Wednesday |
| Thursday | Friday |  |
| Saturday | Sunday |  |
| Work period for telework days: | From       to | | |

# Telework Arrangement Modification

If either the employee or the supervisor needs to modify or end the telework arrangement, record how that change will be communicated and how much advance notice will be required. An email or phone call may be sufficient for short-term or unexpected schedule changes. However, some jobs may require more notice. Specify any details about changes to the arrangement. All employee-proposed changes are subject to departmental approval.

|  |  |
| --- | --- |
| How to make changes to the arrangement: |  |

# Telework Review

Specify a date to meet and discuss the effectiveness of the telework arrangement, or enter NA.

|  |  |
| --- | --- |
| Telework plan review date: |  |

# Equipment and technology access

Specify any equipment or technology access the employee will need to telework and whether it will be employee or employer provided. Review all policies on the use of University owned equipment, including while teleworking. See Telework web page at [uw.edu/admin/hr/roles/mgr/flexwork/telework/](https://www.washington.edu/admin/hr/roles/mgr/flexwork/telework/) for links to policies.

|  |  |
| --- | --- |
| Employee equipment needs: |  |

# Additional details

|  |  |
| --- | --- |
| Add any other information applicable to this arrangement: |  |

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

Supervisor signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_