



TELEWORK AGREEMENT



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 episodic or intermittent telework, recognizing that **telework arrangements for episodic or intermittent telework will not typically result in the duplication of office furniture or equipment.**

Employee telework information

Employee Name:	
Job Title:	
Department:	
Manager:	
Arrangement requested by:	<input type="checkbox"/> Employee <input type="checkbox"/> Manager
Telework arrangement (select one):	<input type="checkbox"/> 1 day per week <input type="checkbox"/> 2 days per week <input type="checkbox"/> 3 days per week <input type="checkbox"/> 4 days per week <input type="checkbox"/> Other; less than 100% telework but varies per week <input type="checkbox"/> Episodic or Emergency telework
Address where telework will be performed:	
Telework arrangement effective dates:	Start date End date, if applicable <input type="checkbox"/> Indefinite (reviewed at least annually)

Work schedule and location

Hybrid

Day of Week	Work Hours	Work Location
Sunday		
Monday		
Tuesday		



Wednesday		
Thursday		
Friday		
Saturday		

Occasional/Ad Hoc

Explanation of potential episodic telework circumstances	
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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 location 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.

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 customers/ students/stakeholders, team, and manager		
Events or activities which require in-person attendance.		



Telework arrangement modification

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 requests for 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.

Telework plan review date:	
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Equipment and technology access

In an episodic or intermittent telework arrangement, the employee and unit will 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 furniture and or 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 the manager 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 Howard University 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					
Docking station					
Computer					
Mouse					
Keyboard					
Monitor(s)					
Headset/microphone					
Power strip/extension cord					



Office supplies					
Ergonomic modifications (e.g., keyboard tray, glare filter, foot stool, etc.)					

Additional details

Policies and procedure acknowledgement

Policy/Procedure	Employee initials
I have read and understand Howard University Human Resources' Telework Policy and Process .	
I understand that I am required to comply with all timekeeping and overtime policies.	
I understand that the work I do while teleworking remains subject to University records retention policy and applicable regulations.	
I agree to maintain the confidentiality of all Howard University information and documents and prevent unauthorized access to any University system or information.	
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.	

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 have thoughtfully considered how to successfully onboard and integrate the teleworking employee named herein into the (Insert Division Name) team, culture and opportunities.

Department head signature:

_____ Date: _____

AVP/VP signature:

_____ Date: _____