# TELEWORK AGREEMENT | Remote work (100% telework)

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. Employees who work at UW work sites outside of Washington and employees whose official work location is their personal residence, whether in Washington or another state, are designated remote employees. Requests for international work follow a separate process outlined: <https://hr.uw.edu/policies/telework/international-remote-work-for-staff-and-student-employees/>

This telework agreement is not a contract of employment, does not provide any contractual rights to continued employment, does not create a binding working condition, and only lasts as long as the employment relationship itself. It does not alter or supersede the terms of the existing employment relationship. **All remote work (100% telework) requests require the approval of the unit’s appointing authority. It is the responsibility of the unit to verify that approved remote employees have an accurate work location in the payroll system.**

## 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 |
| Address where telework will be performed: | Click here to enter address. | |
| Telework arrangement effective dates: | Start date Click to enter a date.  End date, if applicable Click to enter a date.  Indefinite (reviewed at least annually) | |

## Remote work justification

Remote work must be supported by a compelling policy, critical skill- based, or family health circumstance. If remote work is a temporary arrangement, outline expectations around the transition from remote to onsite work. Provide justification below.

|  |
| --- |
| Click here to enter justification. |

## Work schedule

|  |  |  |
| --- | --- | --- |
| **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. |

## Remote work 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 as to how expectations will be met |
| --- | --- | --- |
| 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

The telework agreement for a remote worker lasts only as long as the employment relationship itself, or until modified. 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 for remote work should be renewed annually. Temporary 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 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. 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 remote work arrangement.

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

|  |  |  |
| --- | --- | --- |
| **Equipment** | **Provided by** | **Responsible for loss or damage** |
| Laptop | Click to enter text. | Click to enter text. |
| Docking station | Click to enter text. | Click to enter text. |
| Computer | Click to enter text. | Click to enter text. |
| Mouse | Click to enter text. | Click to enter text. |
| Keyboard | Click to enter text. | Click to enter text. |
| Monitor(s) | Click to enter text. | Click to enter text. |
| Desk | Click to enter text. | Click to enter text. |
| Desk chair | Click to enter text. | Click to enter text. |
| Web cam | Click to enter text. | Click to enter text. |
| Phone | Click to enter text. | Click to enter text. |
| Headset/microphone | Click to enter text. | Click to enter text. |
| Power strip/extension cord | Click to enter text. | Click to enter text. |
| Printer | Click to enter text. | Click to enter text. |
| Office supplies | 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. |

## Additional details

|  |
| --- |
| Click here to enter 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 employee initials. |
| In addition, I have read and understand UW Human Resources’ Remote work location and out-of-state work policy.  <https://hr.uw.edu/policies/telework/remote-work-location-and-out-of-state-work-policy/> | Click to add employee initials. |
| I agree to ensure that *both* my home (primary) address and work location are accurately reflected in the payroll system to ensure compliance with taxes, payroll deductions, and the applicability of other labor and employment laws. | Click to add employee initials. |
| I understand that if I work outside of the state of Washington, certain provisions covering work localized in Washington may be unavailable to me such as the Washington Paid Family & Medical Leave Program (PFML) and Washington unemployment insurance. | Click to add employee initials. |
| I understand that eligibility for health insurance plans varies based on work location and home address as established by the Washington State Healthcare Authority. | Click to add employee 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 employee initials. |
| I understand that the work I do while working remotely remains subject to University records retention policy and applicable regulations, including the Washington State Public Records Act RCW 42.56 | Click to add employee initials. |
| I understand that I am covered by workers’ compensation for job-related injuries that occur in the course and scope of employment. However, if I work outside of Washington, I am not covered by Washington State Department of Labor & Industries Workers’ Compensation industrial insurance and must work with UW Claim Services to file a claim in another state. | Click to add employee initials. |
| I understand that the costs of *voluntary* travel to and from my remote worksite to a UW worksite is my responsibility. | Click to add employee 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 employee initials. |
| I agree to follow secure computing practices: <https://itconnect.uw.edu/security/securing-computer/> | Click to add employee 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 employee initials. |
| This telework agreement is not a contract of employment, does not provide any contractual rights to continued employment, does not create a binding working condition, and only lasts as long as the employment relationship itself. It does not alter or supersede the terms of the existing employment relationship. | Click to add employee initials. |

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

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

Manager signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VP or Appointing Authority signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_