# University of Portland - COVID Telework Agreement Form for Staff Employees

This document is intended to ensure that both the supervisors 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, unit/department, supervisor, and employee.

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: |  |
| Supervisor: |  |
| Arrangement requested by: | 🞏 Employee 🞏 Employer |
| Location where telework will be performed: |  |
| Telework arrangement  effective dates: | — |

## 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.

|  |
| --- |
| Sample text: Employee will indicate telework days in their email signature. In-person attendance at bi-weekly divisional meetings is expected. |

## Work Schedule and Location

Day of Week Work Hours Work Location

|  |  |  |
| --- | --- | --- |
| Sunday |  |  |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |
| Saturday |  |  |

## Telework Arrangement Modification

Either the employee or their department may end a telework arrangement by providing reasonable written notice. Generally, the notice should be at least two business days, but in some situations, less notice may be reasonable.

Any modifications to the telework arrangement must be documented by revising this agreement and being reviewed and approved by the immediate supervisor, area director (as applicable), and PLC member/Dean.

## Telework Review

Specify a date to meet and discuss the effectiveness of the telework arrangement.

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

## Equipment 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.

Equipment Provided by Responsible for loss or damage

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

## Additional details

|  |
| --- |
|  |

## Policies and Procedure Acknowledgement Employee Initials

|  |  |
| --- | --- |
| I have read and understand UP’s COVID Telework Policy and Process |  |
| I have read and understand any departmental telework policies, if applicable |  |

**Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
  
Immediate Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
  
Area Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
  
PLC Member/Dean Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**