

COVID-19 Employee 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, supervisor, and employee. This form can be adapted to unit requirements as necessary.

Employee Telework Information

Employee Name:	
Banner ID:	
Job Title:	
Department:	
Supervisor:	
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.

<p><i>Example: Telecommuting will be intermittent; In-person attendance at departmental meetings is expected, etc.</i></p> <p>Please enter telework-specific job duties and/or expectations here:</p>

Telework Arrangement Modification

Management may end this telework arrangement based on business need or employee job performance at any time.

Equipment and technology access

The employee and employer agree to work together to ensure that the alternate worksite is safe and ergonomically suitable. In the event of equipment failure or service interruption, the employee must notify employer immediately to discuss alternate assignments or other options.

Policies and Procedure Acknowledgement Employee Initials

Please initial below:

I have read and understand Appalachian State University's Human Resources' COVID-19 Telework Plan and Agreement	
I have read and understand Policy 901 Acceptable Use of Computing and Electronic Resources Policy and Policy 908 Remote Access Policy	

Employee signature: _____

Date: _____

Supervisor signature: _____

Date: _____

Please provide a copy of each completed form to the Office of Human Resources.