



WASHINGTON ADVENTIST UNIVERSITY

TELEWORK AGREEMENT

Teleworking is available only to qualified employees, at the discretion of Washington Adventist University. This agreement is not a contract of employment and may not be construed as such.

As a telework employee I acknowledge and agree to the following:

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. I will adhere to the work hours assigned to me by my supervisor, working each day as scheduled, unless I have the approval of my supervisor to do otherwise. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I will maintain accessibility to my supervisor and co-workers during my scheduled work hours either online or by phone. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I will perform all job duties at a satisfactory performance level. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. I acknowledge that my compensation will not change. If I am an hourly employee, I agree to clock in and out as required and obtain prior approval from my supervisor for overtime. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I agree to request supervisor approval to use vacation, sick, or other leave. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I acknowledge that all University provided property such as computer, software, and any other tools needed to perform my job remain the property of the University and must be returned to the University upon request. | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I agree to protect University-owned equipment, records, and materials from unauthorized or accidental access, use, modification, destruction, or disclosure. | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I agree to maintain a safe, secure, and ergonomic work environment and to report work-related injuries to Human Resources at the earliest reasonable opportunity after seeking medical attention. | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. I acknowledge that out-of-pocket payment for supplies or other materials will not be reimbursed without prior approval from my supervisor. | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. I acknowledge that failure to comply with these terms, could be grounds for disciplinary action. | <input type="checkbox"/> | <input type="checkbox"/> |

Employee Signature _____ Home/Cell # _____ Date _____

Department Supervisor _____ Date _____

Department VP _____ Date _____

Human Resources _____ Date _____

LifeWork Strategies Employee Assistance Program (EAP) is available 24 hrs a day/7 days a week at 1-877-252-8550. It is free and confidential. Contact if you have concerns about: health, finances, rapidly changing work environments, safety of family members, managing children out of school, and uncertainty about the future and how long this will last.



WAU TELEWORKER WORK PLAN

This form is a guide for teleworkers and supervisors in planning work during telework periods.

The form may be altered as necessary by the supervisor and employee. The use of this form is not mandatory; however, a work plan is required to clearly define work expectations and must be attached to the Telework Agreement.

Teleworker Name: _____

Days to Telework: _____

These are the conditions for teleworking agreed upon by the teleworker and the supervisor:

1. The following are the assignments to be worked on by the teleworker at the remote workplace and expected delivery dates:

ASSIGNMENTS	DELIVERY DATE	PERCENT COMPLETE

2. The teleworker agrees to call their office phone to collect phone messages daily. The teleworker agrees to check their e-mail daily and as regularly as while working at the University campus. The teleworker agrees to be on instant messaging between the hours of and to receive/provide information and instructions.
3. The teleworker agrees to obtain from the main office all supplies needed for work at the remote workplace. Out of pocket expenses for supplies regularly available at the main office will not normally be reimbursed unless prior authorization is given.

Teleworker _____ Date _____

Supervisor Date _____ Date _____

Department VP _____ Date _____