# Louisiana Tech University Telework Plan and Agreement Form

This agreement is applicable only during the term of the COVID-19 crisis.

This document is intended to ensure that both the supervisor and the staff or faculty member (“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.

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. The employee’s current position description is attached hereto. If there are telework-specific job duties and/or expectations or modifications to the employee’s position description, specify them in the box below, or enter N/A.

|  |
| --- |
| Sample text: Employee will communicate daily with the employee’s supervisor or designee while teleworking as directed by the supervisor. In-person attendance at required in-person meetings is expected. Employee will provide any documentation reasonably requested by supervisor to corroborate work performed. |

## Work Schedule and Location

Day of Week Work Hours Work Location

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

## Telework Arrangement Modification

The supervisor may cancel the telework arrangement at any time upon notice to the employee. 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 should be renewed on a monthly basis. Ad-hoc modifications to this agreement should be discussed between the employee and supervisor. 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: |  |

## 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.

All University equipment removed from the campus should be secured at all times. The employee is required to complete the “Request for Off-Campus Use of Tagged Items” form located in University Policy 5304 prior to removing any tagged equipment items from campus.

Equipment Provided by Responsible for loss or damage

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

## Confidentiality and Security

All University documents, materials, and data that are removed from campus are the responsibility of the employee and must be kept confidential and secure at all times.

## Additional details

## Policies and Procedure Acknowledgement Employee Initials

|  |  |
| --- | --- |
| I have read and understand the University of Louisiana System Guidelines for Employee Teleworking. |  |
| I have read and understand any departmental telework policies. |  |
| I have read and understand the Louisiana Tech Property Policy. |  |

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

Supervisor signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_