

EWU TELEWORK AGREEMENT

Last Name	First Name	Middle Initial	EWU ID Number
Position Title		Position Is Overtime: <input type="checkbox"/> Eligible <input type="checkbox"/> Exempt	Position Number
EWU Primary Worksite		Alternate Worksite Phone:	
Effective Begin Date: <i>(Must be effective on a Monday)</i>		Effective End Date:	
Alternate Worksite Address			
Describe the Work Space			

List specific days of the work week and hours which will be used for telecommuting:

Every week
 Every two weeks
 Other _____

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start of Work Day:							
Lunch begins:							
Lunch Ends:							
End of Work Day:							

Explain why you are requesting to telecommute:

List the specific types of work you propose to do at the alternate worksite:

Describe how you will maintain communication to perform the requirements of your position:

Describe how you will protect and safeguard against unauthorized disclosure or loss of student education records, employment records, and other confidential or sensitive information (as defined in the IT Security Policy) while in your possession. Please identify the types of records:

Is this Telework Agreement a result of an accommodation plan?

Yes No

Describe how you will adjust your telecommuting schedule to facilitate in-person meetings and office business which may occur on the days you telecommute:

List equipment and/or supplies you will use while telecommuting and specify if they are state- or employee-owned and the type of security you will provide for that equipment:

Give a brief description and list the inventory tag number of each state-owned piece of equipment you will use while telecommuting. Please list the serial number if no inventory tag is affixed:

List the physical location of that equipment:

List information and materials or equipment which will be needed to do your job:

I have read and agree to abide by EWU Policy 401-09, Teleworking. I understand that there will be periodic reviews of the effectiveness of this plan and this plan can be terminated for any legitimate reason by the university.

Date	Employee Acknowledgement:	Date	Supervisor approval: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date	2 nd Level Supervisor: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date	Other Supervisor approval: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date	Vice President or equivalent <input type="checkbox"/> Approval or <input type="checkbox"/> Denial (If denied, please send a statement for denial with form to HR)		
Comments:			
Date Reviewed by HR:		Signature:	

Distribution of Approvals:

- Original to Personnel File (HR, SHW 314)
- Purchasing (if using agency inventory tagged equipment)
- Supervisor
- Employee
- Environmental Health & Safety

Distribution of Denials:

- Original to Personnel File (HR, SHW 314)
- Vice President
- Supervisor
- Employee