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| **EWU COVID-19 TELEWORK AGREEMENT** | | | |
| **Last Name** | **First Name** | **Middle Initial** | **EWU ID Number** |
| **Position Title** | | **Position Is Overtime:**  Eligible  Exempt | **Position Number** |
| **EWU Primary Worksite** | | **Alternate Worksite Phone:** | |
| **Effective Begin Date**: (*Must be effective on a Monday)* | | **Effective End Date**:  August 31, 2020 | |
| **Alternate Worksite Address** | | | |
| **Describe the Work Space** | | | |

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

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**Every week  Every two weeks  Other**

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| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| **Start of**  **Work Day:** |  |  |  |  |  |  |  |
| **Lunch**  **begins:** |  |  |  |  |  |  |  |
| **Lunch**  **Ends:** |  |  |  |  |  |  |  |
| **End of**  **Work Day:** |  |  |  |  |  |  |  |
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**Explain why you are requesting to telecommute:**

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

**You are responsible for timely responding to all forms of communications during your assigned work hours, describe how you will maintain timely communication via phone and email and how you will 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?**

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

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**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.***

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| Date | Employee Acknowledgement: | | Date | Supervisor approval:  **Yes**  **No** |
| Date | 2nd Level Supervisor:  **Yes**  **No** | | Date | Other Supervisor approval:  **Yes**  **No** |
| Date | Vice President or equivalent  **Approval** or  **Denial** (If denied, please send a statement for denial  with form to HR) | | | |
| **Comments:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Date Reviewed by HR: | | Signature: | | |

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| **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 |