

## TELECOMMUTING AGREEMENT

Work hours, compensation, benefits, use of sick leave, and approval for use of annual leave will conform to University policies and procedures.

This Agreement does not alter the at-will nature of employment at GW.

**A: Employee Information**

Name: \_\_\_\_\_ Hire Date In Current Position: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Grade: \_\_\_\_\_ FLSA Status: Exempt Non-Exempt  
 Department: \_\_\_\_\_  
 Direct Supervisor: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
 Department Head: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
 Vice President: \_\_\_\_\_ Telephone #: \_\_\_\_\_

**B: Telecommuting Work Site**

Location: \_\_\_\_\_  
Street Address  
 \_\_\_\_\_  
City State Zip  
 Contact Information: \_\_\_\_\_  
Work Site Phone# Cell Phone # Fax # E-Mail Address

Description of specific workspace at this location:

**C: Work Schedule and Hours**

(The University's Worker's Compensation program provides coverage for injuries and illnesses incurred in the course and scope of employment. "Course and scope of employment" is limited to the hours and locations described in this agreement).

- Telecommuting Work Schedule: Begin (date): \_\_\_\_\_ End (date): \_\_\_\_\_
- Check the days the employee will be telecommuting. Provide regular telecommuting work hours agreed to (e.g. hours that on site staff know they would be able to get hold of telecommuter on regular basis):

Monday \_\_\_\_\_ to \_\_\_\_\_ Friday \_\_\_\_\_ to \_\_\_\_\_  
 Tuesday \_\_\_\_\_ to \_\_\_\_\_ Saturday \_\_\_\_\_ to \_\_\_\_\_  
 Wednesday \_\_\_\_\_ to \_\_\_\_\_ Sunday \_\_\_\_\_ to \_\_\_\_\_  
 Thursday \_\_\_\_\_ to \_\_\_\_\_

Non-exempt employees are paid on a hourly basis for all work performed. Any hours worked over 40 in a workweek (Sunday 12:00 am through Saturday 11:59 pm) must be authorized in advance by the supervisor and must be paid at 1.5 times the employee's regular hourly rate. Supervisors must maintain a record of actual hours worked. A non-exempt employee's work day schedule must incorporate a 30 minute, 45 minute, or one hour bona fide meal period. If the employee is non-exempt, please provide the length of the bona fide meal period: \_\_\_\_\_. A non-exempt employee must be completely free from work responsibilities during the meal period.

- It is expected that exempt employees will follow departmental guidelines regarding meal periods.
- A non-exempt employee must receive advance supervisory approval to vary from stated work schedule/hours.
- The telecommuting employee must be on site as necessary to attend meetings, training sessions, or similar events or occurrences.

**D: Equipment**

(With reasonable notice, the University may make on-site visits to the telecommuting employee's home to determine if the work site is safe and free from hazards, and to maintain, repair, inspect or retrieve University-owned equipment, software, data and supplies.)

- The employee must return University equipment upon the termination of the telecommuting arrangement in the same condition in which it was originally received, minus normal wear and tear. The employee is personally responsible for missing or damaged equipment.
- Describe the University property to be used at the telecommuting location (if any) including hardware, software, etc. If necessary, attach a "Request for removal and use of University Equipment" form:

**E: Work Plan**

- The employee must maintain the expected quantity and quality of work.
- Attach a copy of the employee's work plan for the telecommuting pilot period, including major areas of responsibility, tasks, and any measurable objectives and goals. Be specific about what must be accomplished on a weekly/monthly basis.

**F: Work Review Periods**

- Describe specifically below in what manner the supervisor and employee agree to review completed work and/or discuss work status (e.g. phone, email, face-to-face):

**G: Tax and Legal Implications**

- Tax or other legal implications for the business use of employee's home will be based on IRS and state and local government restrictions. Responsibility for fulfilling obligations in this area rests solely with the employee.

**H: Termination of the Telecommuting Work Schedule**

- Telecommuting work schedules may be terminated, with proper advance notice, by the department at any time. Requests to terminate the telecommuting work schedule by the employee will be considered by the supervisor at any time.

**I have reviewed and approved the above telecommuting work schedule agreement:**

Date: \_\_\_\_\_ Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Vice President Signature: \_\_\_\_\_

**I agree to the telecommuting work schedule agreement:**

Date: \_\_\_\_\_ Employee Signature: \_\_\_\_\_

**Reviewed by Employee Relations:**

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Initial 30 day Review Date: \_\_\_\_\_ (required)**