# TELEWORK AGREEMENT FORM | Regular Telework

Regular telework arrangements are for ongoing telework and must be supported by a telework agreement that specifies the requirements and details of the arrangement. The arrangement lasts for a defined period, upon which a review must occur (at minimum annually). Occasional telework becomes regular telework once it becomes regularly occurring, and therefore must follow review and approval procedures. Departments are responsible for considering proposals objectively and fairly but are not obligated to approve.

This document is intended to ensure that both the supervisor and the employee have a clear, shared understanding of the employee’s telework arrangement. Each telework arrangement is unique depending on the needs of the position, department, supervisor, and employee. In defining a telework arrangement, the employee and their supervisor are expected to evaluate the costs and benefits of telework, identify work expectations, and clearly communicate how expectations may be met.

This telework agreement is not a contract of employment, does not provide any contractual rights to continued employment, does not create a binding working condition, and only lasts as long as specified in the telework agreement. It does not alter or supersede the terms of the existing employment relationship (i.e., union affiliation, employment contract, job duties and responsibilities, etc.).

All regular telework requests must be endorsed by the employee’s supervisor, approved by President’s Cabinet, and ultimately submitted to Human Resources for placement in the employee’s personnel file.

## Employee Telework Information

|  |  |
| --- | --- |
| Employee Name: | Click here to enter employee name. |
| Job Title: | Click here to enter job title. |
| Department: | Click here to enter department. |
| Supervisor: | Click here to enter manager name. |
| Address where telework will be performed: | Click here to enter address. |
| Telework arrangement effective dates: | Start date: Click to enter a date.  End date: Click to enter a date. |

## Telework Justification

Telework requests must demonstrate rationale that aligns with the requirements of the Telework Policy and Procedure. Provide justification below.

|  |
| --- |
| Click here to enter justification. |

## Proposed Telework Schedule (for staff only)

|  |  |  |
| --- | --- | --- |
| **Day of Week** | **Work Hours** | **Work Location** |
| Sunday | Click here to enter work hours. | Click here to enter work location. |
| Monday | Click here to enter work hours. | Click here to enter work location. |
| Tuesday | Click here to enter work hours. | Click here to enter work location. |
| Wednesday | Click here to enter work hours. | Click here to enter work location. |
| Thursday | Click here to enter work hours. | Click here to enter work location. |
| Friday | Click here to enter work hours. | Click here to enter work location. |
| Saturday | Click here to enter work hours. | Click here to enter work location. |

## Description of Schedule in lieu of On-campus Requirements (for faculty only)

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| --- |
| Click here to enter justification. |

## Telework Expectations

The general expectation for a telework arrangement is that the employee will effectively accomplish all of their job duties and responsibilities, regardless of work location.

The employee agrees:

* To be available and responsive during scheduled work hours.
* To fulfill all assigned duties, obligations, and responsibilities in a timely manner.
* To telework from the above-listed locations unless prior approval is received to temporarily work elsewhere.
* To ensure their telework location is a safe, productive work environment.
* To…Click here to enter additional employee agreements.

Specific expectations for this telework arrangement must be summarized below. Additional rows may be added as needed.

| **Expectations** | **Supervisor’s Comments and Expectations** | **Employee’s comments as to how expectations will be met** |
| --- | --- | --- |
| Communication with colleagues, students, stakeholders, direct reports, and supervisor. | Click here to enter supervisor comments. | Click here to enter employee comments. |
| Events or activities which require in-person attendance. | Click here to enter supervisor comments. | Click here to enter employee comments. |
| Item #3 | Click here to enter supervisor comments. | Click here to enter employee comments. |
| Item #4 | Click here to enter supervisor comments. | Click here to enter employee comments. |
| Item #5 | Click here to enter supervisor comments. | Click here to enter employee comments. |
| Item #6 | Click here to enter supervisor comments. | Click here to enter employee comments. |
| Item #7 | Click here to enter supervisor comments. | Click here to enter employee comments. |

## Telework Review/Renewal

Telework agreements must be reviewed annually to determine whether or not renewal is warranted. Specify a date to meet and discuss the effectiveness of the telework arrangement.

|  |  |
| --- | --- |
| Telework plan review date: | Click to enter date. |

## Equipment and Technology Access

Specify any technology 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 their supervisor immediately to discuss alternate assignments or other options.

College-issued property must be properly secured and returned to the College at the end of the telework arrangement. Employees are responsible for loss or damage to college property that is used when teleworking.

|  |  |
| --- | --- |
| **Equipment** | **Provided by** |
| Laptop/Computer | Click to enter text. |
| Mouse | Click to enter text. |
| Keyboard | Click to enter text. |
| Monitor(s) | Click to enter text. |
| Web cam | Click to enter text. |
| Headset/microphone | Click to enter text. |
| Other | Click to enter text. |
| Other | Click to enter text. |
| Other | Click to enter text. |

## Additional Details

|  |
| --- |
| Click here to enter additional details. |

## Policies and Procedure Acknowledgement

| **Policy/Procedure** | **Employee initials** |
| --- | --- |
| I have read and understand WCC’s Telework Policy and Procedure. I understand the expectations and requirements as identified in this telework agreement. | Click to add employee initials. |
| I agree to ensure that my home (primary) address is accurately reflected in the payroll system to ensure compliance with taxes, payroll deductions, and the applicability of other labor and employment laws. | Click to add employee initials. |
| I understand that if I work outside of the state of Washington, certain provisions covering work localized in Washington may be unavailable to me such as the Washington Paid Family & Medical Leave Program (PFML) and Washington unemployment insurance. | Click to add employee initials. |
| I understand that eligibility for health insurance plans varies based on work location and home address as established by the Washington State Healthcare Authority. | Click to add employee initials. |
| I understand that I am required to comply with all timekeeping and overtime regulations defined by state and federal law, collective bargaining agreements, civil service rules, and college policy/procedure. | Click to add employee initials. |
| I understand that the work I do while teleworking remains subject to records retention policy and applicable regulations, including the Washington State Public Records Act RCW 42.56. | Click to add employee initials. |
| I understand that I am covered by workers’ compensation for job-related injuries that occur in the course and scope of employment. However, if I work outside of Washington, I am not covered by Washington State Department of Labor & Industries Workers’ Compensation industrial insurance. | Click to add employee initials. |
| I understand that the costs of travel to and from my telework site to Whatcom Community College is my responsibility. | Click to add employee initials. |
| I agree to maintain the confidentiality of all college information and prevent unauthorized access to any college system or information. I agree to follow procedures for appropriate use of computing resources and IT security for remote work. | Click to add employee initials. |
| I acknowledge that failure to comply with this Telework Agreement, and related policies and procedures, will cause the immediate termination of the telework assignment, and may also result in disciplinary action. | Click to add employee initials. |
| Should the Telework Agreement not prove to be effective, the agreement may be terminated prior to the specified end date by either the employee or the employer. | Click to add employee initials. |
| This telework agreement is not a contract of employment, does not provide any contractual rights to continued employment, does not create a binding working condition, and only lasts as long as specified telework agreement. It does not alter or supersede the terms of the existing employment relationship. | Click to add employee initials. |

Employee signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

President’s Cabinet Member signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Once fully completed, signed, and approved,**

**please submit to Human Resources for placement in the employee’s personnel file.**