

# Teleworking Agreement

## Employee Information

|   |       |
|---|-------|
| Employee Name   | _____ |
| Job Title   | _____ |
| Exempt or Non-Exempt  | _____ |
| Employee Number   | _____ |
| Employee Primary Work Location (Please indicate campus: Main, East, CDC, MSC, etc. and Office Number) | _____ |
| Employee Work Phone (Please include extension.)   | _____ |
| Employee Home or Cell Phone   | _____ |
| Supervisor  | _____ |

## Conditions

|   |   |
|---|---|
| Has the employee been employed for a minimum of 12 months of continuous, regular employment with CVCC?  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| Is the employee currently on an action plan?  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| Has the employee exhibited above-average performance, as defined as receiving a rating of "meeting expectations" or "exceeding expectations," in according with CVCC's performance appraisal process? | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| Please explain business necessity for teleworking arrangement.  | _____   |

## Proposed Work Agreement

Start Date \_\_\_\_\_

End Date \_\_\_\_\_

Schedule \_\_\_\_\_

Proposed Alternative Work Site Address \_\_\_\_\_

List any Supplies, equipment, or services to be provided by the college at the teleworking site \_\_\_\_\_

List any Supplies, equipment, or services at the teleworking site that are deemed the employee's responsibility and are not provided at the college's expense \_\_\_\_\_

Describe how the department will ensure appropriate supervision of the teleworking employee while working at home (e.g. status reports, conference calls, on-site meeting at the college etc.) \_\_\_\_\_

How frequently will the employee have face-to face interaction with their supervisor at a college office or facility? (eg. none, once per week, once per month, X number of days per month, etc. ) \_\_\_\_\_

List any Non-Negotiable Schedule Principals (Everyone must attend Wednesday morning staff meetings, everyone must be reachable by phone or e-mail during regular business hours Monday through Friday). \_\_\_\_\_

Alternate work location examined with the employee, to provide reasonable assurance that materials, equipment and furniture supplied to the employee at the Alternate Work Location allow for successful completion of assigned work responsibilities, comply with work related safety standards, and minimize distractions to the work environment?

Yes  
 No

All relevant IS/IT appropriate use and security policies satisfied (For more information, see [Policy 4.18 Technology Resources \(Acceptable Use\)](http://www.cvcc.edu/About_Us/Policies/CVCCOperations-Part-2.cfm#4.18)).  
([http://www.cvcc.edu/About\\_Us/Policies/CVCCOperations-Part-2.cfm#4.18](http://www.cvcc.edu/About_Us/Policies/CVCCOperations-Part-2.cfm#4.18))

Yes  
 No

### Approval Certification

|                            |       |
|----------------------------|-------|
| Employee                   | _____ |
| Supervisor                 | _____ |
| Human Resources            | _____ |
| Dean                       | _____ |
| Appropriate Vice President | _____ |
| President                  | _____ |
| Date Received              | _____ |
| Comments                   | _____ |

### 30 Day Supervisor Review

|  |   |
|--|---|
| Has the employee continued to comply with all College rules, policies, practices, and instructions?  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| Explanation  | _____   |
| Has the quantity, quality, and timeliness of work been maintained or enhanced?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| Explanation  | _____   |
| Has the work arrangement met the expectations laid out in the original proposal?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| Explanation  | _____   |
| Has the work arrangement affected, either positively or adversely, relations with employee's colleagues or service to customers?           | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| Explanation  | _____   |
| Has the work arrangement created or reduced a need for additional staff, or caused a department's employees to generate or limit overtime? | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| Explanation  | _____   |
| Is the teleworking arrangement recommended for continuation beyond the (30) day trial period?  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| Explanation  | _____   |
| Employee   | _____   |
| Supervisor   | _____   |