

Telework Agreement Form

The telework agreement ensures that both the supervisor and the staff member have a clear, shared understanding of the staff member's telework arrangement. It is not a contract of employment and does not provide any contractual rights to continued employment.

This telework agreement should be reviewed and considered for renewal at least annually, or when there is a substantive change. A change in position within the university will require a new evaluation and telework agreement.

Staff Member Information

Staff Member Name:	
Job Title:	
Department:	

Work Schedule and Location

Describe work schedule, including work hours and location for each scheduled day.

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Acknowledgement of Compliance with University Policies

I understand that I must comply with the terms of this agreement and all university policies during my telework arrangement. By initialing below, I specifically acknowledge that:

	I have read, understand, and will comply with the university's Telework Policy, and
	I have read, understand, and will comply with the university's Information Use and Security Policy

Staff Member Signature: _____ date: _____

Supervisor Support for Telework Agreement

By signing below I acknowledge that I have given this careful consideration in light of departmental and university needs and I support the telework arrangement.

Supervisor Signature: _____ date: _____

Telework Agreement for:

Staff Member Name:	
Job Title:	
Department:	

Department Head Approval of Telework Agreement

I have considered this request and have consulted with my area Vice President/Provost, and I approve this telework agreement.

Department Head Signature: _____ date: _____

This agreement must be reviewed and considered for renewal no later than this date: _____

CC: Human Resources*

**Please send a scanned copy of this signed form and any supporting documents to hr@pugetsound.edu, deliver in person at Howarth 016, or mail to University of Puget Sound Human Resources, 1500 N Warner #1064, Tacoma, WA 98416-1064.*