

## Telework-Alternate Work Location Agreement Form

This document is intended to ensure both the supervisor and the employee have a clear, shared understanding of the employee's ongoing telework and/or alternative work location agreement. Each arrangement is unique depending on the needs of the position/unit/university, supervisor, and employee. This agreement is not a contract and does not provide any contractual rights to continued employment or to an alternate work location. It does not alter or supersede the terms and conditions of employment of the existing employment arrangement.

### Employee Telework or Alternative Work Location Information

- Employee name: \_\_\_\_\_
- Employee email: \_\_\_\_\_
- Job title: \_\_\_\_\_
- Department: \_\_\_\_\_
- Supervisor: \_\_\_\_\_
- Arrangement requested by: \_\_\_\_\_
- Address where telework will be performed\*: \_\_\_\_\_
- Telework arrangement start date: \_\_\_\_\_
- Telework arrangement end date (denote ongoing if appropriate): \_\_\_\_\_

*\*Payroll taxes may be based on the alternate work site location. Employee is responsible for updating all tax forms and address at [hr.ku.edu](http://hr.ku.edu).*

### Job Duties and Supervisor Review

The general expectation for a telework arrangement/alternative work location is that the employee will effectively accomplish the regular job duties regardless of the work location. If there are telework specific job duties and/or expectations (i.e., travel, on-site/off-site meeting and training participation), specify in the box below or enter N/A.

Briefly describe the communication measures that will be put in place, how work productivity and quality will be evaluated, how the employee's work schedule will be managed, and how absence requests will be managed for approval.

### Work Schedule and Location

Day of Week	Work Hours	Work Location
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

**Telework Arrangement Modification**

Either the employee or employer may end an employee requested telework arrangement. The employee will be expected to report to the primary work location at the time the agreement ends (unless extended) or within 14 calendar days from the date notice is provided that the agreement has been terminated early. This provision **does not apply** to telework arrangements made through the disability accommodation process. All employee-proposed changes to an existing agreement are subject to unit and/or university approval.

Primary Work Location Address: \_\_\_\_\_

**Telework Review**

Telework agreements are to be reviewed annually (at minimum). Ad-hoc modification(s) to this agreement should be documented and discussed between the employee and supervisor. Long-term or substantial modifications should be documented through a revised agreement.

Telework Plan Review Date: \_\_\_\_\_

**Space, Equipment and Technology Access**

The employee and employer agree to work together to ensure that the alternate worksite is safe, ergonomically suitable, is free from distractions, allows for maintaining appropriate confidentiality of records and information, and is not a substitute for dependent care. The employee agrees to immediately report any job-related accidents occurring during established work hours to facilitate timely reporting to the State Self Insurance Fund. Below, specify any equipment and/or technology access the employee will need to telework. If not using university-issued equipment, all information technology guidelines to ensure the safety and security of data must be approved by the Information Technology Security Office. In the event of equipment failure or service interruption, the employee must notify the employer immediately. Responsibility of replacement due to failure or loss will be subject to review based upon the nature of the circumstances identified.

Equipment	Issued/Provided By

**Policy and Procedure Acknowledgement**

	Employee Initials	Supervisor Initials
I have read and understand the University <a href="#">Telework-Alternate Work Location</a> policy.		
I have read and understand any unit telework procedures (as applicable).		
I have read and understand the University <a href="#">Intellectual Property</a> policy.		
I have read and understand the University Information Technology policy on <a href="#">Acceptable Use of Education Technologies</a> .		
I have reviewed with the IT Security Office and received approval for personal computer use (if applicable) for KU work activities <a href="https://itsecurity.ku.edu/working-off-campus">https://itsecurity.ku.edu/working-off-campus</a> .		
I have reviewed and understand all University time and leave reporting requirements, including the <a href="#">Break Periods policy</a> , and understand that if I am paid hourly I will be subject to the <a href="#">Fair Labor Standards Act</a> for any hours over 40 that occur within the work week.		

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

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

Supervisor or Unit Leader Signature: \_\_\_\_\_

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