



TELEWORK/REMOTE WORK AGREEMENT

This document is intended to ensure that both the manager and the employee have a clear, shared understanding of the employee’s telework or remote work arrangement. Teleworking is a flexible arrangement in which a manager, with appropriate divisional approvals, directs or permits an employee to perform some of their job duties away from their primary workplace, so long as they meet the same performance expectations and any other approved and agreed upon terms. Remote work is an arrangement in which an employee works off campus 100% of the time. See University Policy 101.22, Flexible Work Arrangements for SHRA and EHRA Non-Faculty Employees, at <https://legal.charlotte.edu/policies/up-101.22>.

Each telework or remote work arrangement is unique depending on the needs of the position, manager, and employee. In defining a telework or remote work arrangement, the employee and their manager are expected to evaluate the costs and benefits of telework or remote work, identify work expectations, and clearly communicate how expectations may be met.

This Telework/Remote Work Agreement may be terminated by the department or Human Resources at any time. It does not alter or supersede the terms of the existing employment relationship. Approval for any teleworking or remote work arrangement lasting longer than 30 days must be provided by the divisional Vice Chancellor and reviewed by Human Resources. Human Resources reserves the right to deny Telework/Remote Work Agreements that are not in compliance with policy requirements.

In Process

Employee Information

Employee Name:	Required Last Name	Required First Name	MI	Employee ID:	Required
Job Title:	Required			Manager:	Sarah Ekis
Position Designation:	Position Type: Required				
Division:	Required			Department Name:	Required
Work Arrangement (select one):	Required				
Physical Address Where Telework or Remote Work Will Be Performed:	Required				
Requested Arrangement Effective Dates:	Prospective Start Date Required End Date Required (cannot span more than one year; arrangements must be reviewed annually at a minimum)				



Justification for Agreement

Explanation of business reason(s) for the arrangement	Required
---	----------

Work Schedule and Location

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

In Process

Flexible, Occasional, or Ad Hoc Days (if the schedule is not set, explain here)

Explanation of Circumstances	
------------------------------	--

Expectations

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

Required

I agree:

1. To be available and responsive during scheduled work hours.
2. That my duties, obligations, and responsibilities are the same as onsite workers, including my obligation to respond to my voicemail, e-mail and other messages in a timely manner.
3. That I will work at the above-listed locations during my teleworking/remote work schedule, unless I have received prior approval to temporarily work elsewhere.
4. That any time off or overtime must be pre-arranged and approved according to department guidelines and consistent with the rules applicable to my employment.
5. To maintain an appropriate level of communication with clients/students/stakeholders, team members, and management.
6. When deemed necessary by my supervisor, to attend events or activities that require in-person attendance.
7. Review this arrangement on an ongoing basis, annually at a minimum.

Additional expectations are to be enumerated and documented to the employee as appropriate by supervisor/manager.



Equipment and Technology Access

The employee and unit management agree to work together to ensure that the alternate worksite is safe, productive, and ergonomically suitable. The employee and unit management shall work together to determine whether to issue new or additional equipment necessary to perform the job, or if an employee already has the required equipment. These arrangements do not typically result in the duplication of office equipment. In the event of equipment failure or service interruption, the employee must notify their manager immediately to discuss alternate assignments or other options.

In the chart below check each box next to any University-owned equipment that is being used at the alternate location. If you have any information to add, please enter it in the Notes column. **Note that a University-owned computer must be used at all work locations in order to comply with security standards.**

Items provided by the University, including items purchased by the employee and reimbursed, remain the property of the University and may only be used for University business. University property must meet the expectations for information security, be properly secured, and returned to the University at the end of the telework or remote work arrangement.

Equipment Used at Alternate Location

University-Owned Equipment	Used at Alternate Location	Notes	University-Owned Equipment	Used at Alternate Location	Notes
Laptop			Desk/Mobile Phone		
Docking Station			Headset/Microphone		
Desktop Computer			Power Strip/Cord		
Mouse			Printer		
Keyboard			Camera		
Monitor(s)			Other:		

Required

I affirm that the above equipment checked is accurate.

Health and Safety

The employee must maintain a safe and functional working environment free from excessive noise, distractions, and recognized hazards. The work space must also have adequate lighting, ventilation, and ergonomics. The University will not be responsible for operating costs associated with the employee’s Telework or Remote Work location, including but not limited to internet and cell phone service, utilities, home maintenance, or other incidental expenses. All work-related incidents or injuries should be reported in the normal manner outlined in [University Policy 101.7, Workers’ Compensation](#). Failure to maintain a safe working environment or to report incidents in accordance with University policies may result in restrictions to, or revocation of, Telework or Remote Work privileges.

Policies and Procedure Acknowledgement (Required by Supervisor and Employee)

Policy/Procedure	Employee Initials	Supervisor Initials
I have read and understand University Policy 101.22, Flexible Work Arrangements for SHRA and EHRA Non-Faculty Employees https://legal.charlotte.edu/policies/up-101.22 and any departmental telework or remote work guidance.	Required (by employee)	Required (by supervisor)
I understand that I am required to comply with all applicable timekeeping and overtime regulations defined by state or federal law (e.g., the Fair Labor Standards Act, and University policy).	Required (by employee)	Required (by supervisor)



Telework/Remote Work Plan and Agreement

I understand that work-related injuries at my alternate location during agreed-upon working hours may be covered by Workers' Compensation. I am required to report any work-related illness or injury to my manager immediately and am required to fill out an accident report as an internal record of the incident within 24 hours of the event or claim.	Required (by employee)	Required (by supervisor)
I attest that I have completed and attached the Telework/Remote Workplace Self-Certification Checklist , which documents a safety review of the designated Telework/Remote Work site.	Required (by employee)	Required (by supervisor)
I agree to maintain the confidentiality of all University information and documents and prevent unauthorized access to any University system or information.	Required (by employee)	Required (by supervisor)
I agree to follow secure computing standards and guidelines: 1. Standard for Teleworking and Remote Work 2. Security of Endpoints , 3. Security of Applications 4. Security of Systems 5. Standard for Encryption Controls	Required (by employee)	Required (by supervisor)
Employee has taken the following required training prior to start of this arrangement: Contributing as a Virtual Team Member - Employee Training (for employees)	Required (by employee)	
Supervisor has taken the following required training prior to start of this arrangement: Establishing Effective Virtual Teams - Manager Training (for supervisors)		Required (by supervisor)

Employee Signature: Required _____ Date: _____

I agree to ensure that the employee named herein is provided with the resources, training, equipment and supplies necessary for effective telework or remote work. I agree that I have thoughtfully considered how to successfully onboard and integrate the telework or remote work employee named herein into the unit's teams, culture and opportunities.

Manager Signature: Required _____ Date: _____

Other Department Approver Signature: _____ Date: _____

Divisional Vice Chancellor Signature: Required _____ Date: _____

Duty Station

Station Value	Station Designation
Duty Station State	
Work Location	
Remote Work State	

AVC for Human Resources Signature: _____ Date: _____