For review purposes only.

All requests are to be submitted through the workflow process found by clicking this link: Telework Request

PennWest UNIVERSITY

Staff Telework Agreement

TO BE FILLED OUT BY EMPLOYEE TO REQUEST AN AGREEMENT		
Have you been identified as an essential employee? **If yes, you are not eligible for telework.**	**Yes**	**No**
EMPLOYEE NAME:	**EMAIL:**	
JOB TITLE:	**DEPARTMENT:**	
SUPERVISOR:	**SUPERVISOR EMAIL:**	

TELEWORK REQUEST (SELECT ONE):

- ○ **Full-Time Telework:** Permitted in rare circumstances and considered on a case-by-case basis.
- ○ **Hybrid Telework:** Establishes a regular schedule of on-campus and remote work and allows for telework during operating status changes. (select days below)
- ○ **Telework During Operating Status Changes:** Allows approved non-essential employees to work remotely when changes to the University's operating status affect normal campus operations. This is for non-essential employees that are not eligible for hybrid or full-time telework.

Monday	Tuesday	Wednesday	Thursday	Friday

EQUIPMENT

The following equipment has been issued to the employee and has been documented by the university.

List only equipment already issued to you.

Use this section to record the University-issued equipment you will take home for telework. This is not a request form and submitting it does not result in additional equipment being issued. Any other equipment or services needed for telework, including internet access, must be provided by you.

Type of Equipment	Make	Model	Serial Number	Issued Date
Computer				
Monitor				
Keyboard				
Mouse				
Other				
Other				

SAFETY CHECKLIST

Answer the following questions as to certify that your telework location satisfies all safety requirements.

Instructions:

This checklist addresses responsibilities and potential safety hazards that may be present in a teleworking location. These questions must be completed by the employee.

Section 1 - Housekeeping

Question	Yes	N/A
1. Floors are free of litter and spilled liquids (water, pens, paper, etc.)		
2. Floor and desk area free of cords, boxes, general clutter, chairs, and other tripping hazards		
3. Desks or file drawers are closed when not in use and only one drawer is used at a time		

Section 2 – Ergonomics / Environmental Matters

1. All office equipment is being used correctly		
2. Employees are properly positioned at their desk and maintain good neutral posture		
3. Employees use their home desk efficiently and avoid stretching or reaching for objects placed far away		
4. The home desk area is well lit, and the lights are functioning properly		
5. Home office can maintain confidentiality for all University business matters.		
6. The home office is quiet and suited for conducting University business matters		
7. Home internet is functioning properly, has appropriate bandwidth, and work can be completed without disruption		
11. Electrical devices are to standard		
12. All extension cords are in good condition and are not frayed		
13. Extension cords are not being used as permanent wiring		

I acknowledge and agree that:

- Requirements for maintaining an adequate and safe remote work area have been reviewed, and I certify that these requirements are met.
- Policies and procedures for the care and use of equipment issued by the University/System Office have been reviewed and are clearly understood.

Communication and On-Campus Expectations

By signing this agreement, I acknowledge and agree that:

- During my established working hours, I will remain available and responsive through Microsoft Teams, including Teams chat and calls, and will maintain the same level of accessibility expected when working on campus.
- I will regularly check my University voicemail and forward or answer calls as appropriate. My voicemail greeting will not indicate that I am unavailable because I am working off campus.
- I will use University-approved technology, such as Microsoft Teams, Cisco Jabber or other designated tools, to receive and respond to internal and external calls during my established working hours.
- Performance expectations have been defined and are clearly understood.
- Policies and procedures related to confidential information and data security have been discussed and are clearly understood.
- The employee understands that the University may terminate the telework agreement at any time. The employee further understands that the telework arrangement may end immediately if performance declines or the arrangement no longer supports organizational needs.
- The employee understands that all equipment issued by the University remains University property and must be returned immediately upon request.

I may be required to report to campus for staff meetings, University events or other operational needs. When in-person attendance is required by my supervisor or the University, that requirement supersedes my approved telework schedule.

By Submitting this form, I acknowledge that:

- I have read and understand the requirements and provisions of the University's Teleworking Policy and agree to abide by the requirements set forth therein; and

- I specifically acknowledge that the University may terminate the teleworking agreement at any time and that teleworking is not an employee right or guaranteed employee benefit.

Employee Signature:	**Date:**

SUPERVISOR QUESTIONS

SECTION 3A

Does the employee have the ability to successfully organize, manage time and work independently?	**Yes**	**No**
Does the employee have at least a satisfactory work performance rating?	**Yes**	**No**
Does the employee have a thorough understanding of their job functions?	**Yes**	**No**
Does the employee have a clean disciplinary record within the last 2 years?	**Yes**	**No**

If you answered "No" to any of the questions in Section 3A, this employee does not qualify for a teleworking agreement.
STOP here and decline to sign. If all responses are "Yes", continue to Section 3B.

SECTION 3B

Will approval of this agreement shift job duties to another employee or change the duties of position.	**Yes**	**No**
Does this position require regular face-to-face contact with the supervisor or coworkers?	**Yes**	**No**
Is this position student-facing and needed to provide services on campus at any time during the workday?	**Yes**	**No**
Is this position employee-facing and needed to provide services on campus at any time during the workday?	**Yes**	**No**
Is this position alumni or community facing, and needed to provide services on campus at any time during the workday?	**Yes**	**No**
Does this position require routine access to information or materials that are available only at the campus office location or require handling of secure information to remain on campus?	**Yes**	**No**
Does this position require an immediate response to students as a core part of the duties?	**Yes**	**No**

If you answered "Yes" to any of the questions in Section 3B, this employee does not qualify for a teleworking agreement.
Stop here and decline to sign. If all responses are "No", continue to Section 3C.

SECTION 3C

Are the duties of the position able to be performed while teleworking without any diminishing work quality or productivity of the unit or employe?	**Yes**	**No**
Can this position telework without having a negative impact on the department?	**Yes**	**No**
Are you able to work with the employee to develop a plan to define how the quality of work will be measured?	**Yes**	**No**

If you answered "No" to any of the questions in Section 3C, this employee does not qualify for a teleworking agreement.
Stop here and decline to sign. If all responses are "Yes", continue to Section 4.

SUPERVISOR APPROVAL

Is this a limited timeframe approval?	**Yes**	**No**
If Yes: Telework Start Date _____ Telework End Date _____		
Do you approve this telework agreement?	**Yes**	**No**

Comments:

SUPERVISOR SIGNATURE:	**DATE:**	
VICE PRESIDENT APPROVAL		
Do you approve this telework agreement?	**Yes**	**No**
Comments:		
VICE PRESIDENT SIGNATURE:	**DATE:**	

Official copy to be kept by the Office of Human Resources.