

TELECOMMUTING AGREEMENT

Before an employee completes a Telecommuting Agreement, the employee and supervisor must complete a Telecommuting Position Assessment, Telecommuting Feasibility Assessment, and Telecommuting Self-Assessment. These assessments and guidance on completing them can be found at: <http://www.gwu.edu/hr/colonialcommunity/worklife/fwa/index.html>.

Work hours, compensation, benefits, use of sick time off, and approval for use of annual time off will conform to university policies and procedures. All Telecommuting Agreements begin with a 90-day trial period, and during or after that period, they may be discontinued by the department and/or the university at any time for any reason. Furthermore this Telecommuting Agreement must be renewed annually. This Telecommuting Agreement does not alter the at-will nature of employment.

A. Employee Information

Name: _____ GWid: _____

Job Title: _____ Grade: _____ FLSA Status: Exempt
 Non-exempt

Department: _____

Direct Supervisor: _____ Telephone: _____

Department Head: _____ Telephone: _____

B. Telecommuting Work Site

Street Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Email: _____

Cell Phone: _____ Fax: _____

Description of specific workspace and location (ex. is the workspace at a home or a commercial site?):

C. Work Schedule and Hours

Telecommuting Work Schedule

Begin Date: _____ End Date: _____

Provide regular telecommuting work hours agreed to:

Monday: _____ to _____ Friday: _____ to _____

Tuesday: _____ to _____ Saturday: _____ to _____

Wednesday: _____ to _____ Sunday: _____ to _____

Thursday: _____ to _____

A non-exempt employee's work day schedule must incorporate a 30 minute, 45 minute, or one hour bona fide meal period. A non-exempt employee must be completely free from work responsibilities during the meal period. If the employee is non-exempt, please provide the length of the bona fide meal period here: _____. It is expected that exempt employees will follow departmental guidelines regarding meal periods.

Describe any variation from the regular work hours documented above:

The telecommuting employee must be able to be present at his/her office/department as necessary to attend meetings, training sessions, or similar events or occurrences.

Non-exempt employees are paid on an hourly basis for all work performed. Any hours worked over forty (40) in a workweek (Sunday 12:00 AM through Saturday 11:59 PM) must be authorized in advance by the supervisor and must be paid at 1.5 times the employee's regular hourly rate. Supervisors must maintain a record of actual hours worked.

The university's Worker's Compensation program provides coverage for injuries and illnesses incurred in the course and scope of employment. "Course and scope of employment" is limited to the hours and location described in this Telecommuting Agreement.

D. Equipment

University property that will be utilized at the telecommuting location: <i>(ex. laptop, headset, web camera, Blackberry)</i>	Employee-owned equipment that will be utilized at the telecommuting location: <i>(ex. desk, chair, printer)</i>

With reasonable notice, the university may make on-site visits to the telecommuting location to determine if the work site is safe and free from hazards, and to maintain, repair, inspect or retrieve university-owned equipment, software, data and supplies.

Upon the termination of the Telecommuting Arrangement, the employee must return university equipment in the same condition in which it was originally received, minus normal wear and tear. The employee is personally responsible for missing or damaged equipment.

E. Work Plan

The purpose of this section is to demonstrate how the employee will continue to meet the responsibilities of his/her position when working away from the office.

Responsibilities and Objectives

The employee shall provide details on his/her major areas of responsibility, tasks, and measurable objectives, taking into consideration annual goals and other priorities. Be particularly specific about what must be accomplished. The employee should also consider how he/she will overcome any barriers or modify current processes in order to work effectively in a virtual environment.

Communication Plan

The employee shall provide details on communication with his/her supervisor and others while telecommuting. How often will the employee meet with his/her supervisor and team? How will these meetings take place? This could include scheduling in-person meetings or using phone or video conferencing tools to meet virtually. Also the employee should note ways in which GW colleagues, customers, etc., will be able to reach the employee, such as by phone, instant messenger, video conferencing, email, etc.

F. Work Review Periods

Describe specifically below in what manner the supervisor and employee agree to review completed work and/or discuss work status on an ongoing basis (ex. weekly 1-on-1 by phone, monthly in-person goal check-ins).

G. Tax and Legal Implications

Tax or other legal implications for the business use of the employee's home will be based on IRS and state and local government restrictions, or the laws of the jurisdiction in which employee's telecommuting site is located during the period of the Telecommuting Agreement. Responsibility for fulfilling obligations in this area rests solely with the employee.

H. Termination of the Telecommuting Agreement

This Telecommuting Agreement may be terminated by the university at any time. Although efforts will be made to provide reasonable notice of termination to accommodate personal commitments, such as childcare and commuting requirements, there may be instances when notice is not possible. Requests to terminate this Telecommuting Agreement by the employee will be considered by the supervisor.

Employee:

I agree to this Telecommuting Agreement. In addition, I have reviewed all GW policies pertinent to telecommuting, including those related to the security of GW data, systems, and equipment.

Name: _____

Signature: _____ Date: _____

Supervisor:

I have reviewed and approved this Telecommuting Agreement.

Name: _____

Signature: _____ Date: _____

Assistant Vice President, Associate Vice Provost, or Vice President:

I have reviewed and approved this Telecommuting Agreement.

Name: _____

Signature: _____ Date: _____

After approval, the signed Telecommuting Agreement, as well as a completed copy of the Telecommuting Position Assessment, Telecommuting Feasibility Assessment, and Telecommuting Self-Assessment should be forwarded to Human Resources for review and approval.

Reviewed by Human Resources:

I have reviewed and approved this Telecommuting Agreement.

Name: _____

Title: _____

Signature: _____ Date: _____

Date of Initial 90-Day Review: _____