ELIZABETH CITY STATE UNIVERSITY
Teleworking Agreement Form

It is the policy of Elizabeth City State University (ECSU) to designate employees to work at alternate work locations for all or part of the work week under the appropriate conditions. Teleworking is not a universal employee benefit. Teleworking is a privilege available only to employees who are eligible according to the ECSU Teleworking Policy. Any teleworking situation may be suspended, revoked, or canceled at any time for any reason at the discretion of ECSU management and/or the employee’s supervisor (see Teleworking Program Policy). To that extent, ECSU developed the Teleworking Agreement Form that details the terms and conditions by which an employee is allowed to engage in teleworking.

1. Teleworking employee: ____________________________________________
   Division: _________________________________________________________
   Telephone Number: _________________________________________________
   Fax Number (if applicable): __________________________________________
   Personal Cell Phone (if applicable): _________________________________
   Office Cell Phone (if applicable): _________________________________

2. Starting date of teleworking assignment: _______ Projected ending date: _______
   An employee’s compensation, benefits, and leave accrual will not change when he/she teleworks.

3. Teleworking and Office Schedule
   ECSU reserves the right to require the employee to attend in-office meetings as deemed necessary.

<table>
<thead>
<tr>
<th>Day of the Week</th>
<th>Work Hours Each Day</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td></td>
<td>T= Teleworking</td>
</tr>
<tr>
<td>Tuesday</td>
<td></td>
<td>O= Office</td>
</tr>
<tr>
<td>Wednesday</td>
<td></td>
<td></td>
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<tr>
<td>Thursday</td>
<td></td>
<td></td>
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<tr>
<td>Friday</td>
<td></td>
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</tbody>
</table>

4. Alternate Work Location Address: ___________________________________________

5. Work Assignment: _________________________________________________________

   Office Communications

   Describe how the employee will maintain communications with the office during teleworking hours (i.e., how often checking voice mail or e-mail, forwarding phones, etc.).
Additional Notes

Use the space below to list any other conditions, restrictions, plans or agreements made relating to this teleworking agreement (i.e., trial period, specific tasks that will be performed, performance evaluation methods, etc.)

6. Equipment/Software/Furniture supplied by ECSU: __________________________
________________________________________________________________________
________________________________________________________________________

ECSU Safety Official will be consulted to assure that materials, equipment and furniture supplied the employee at the alternate work location comply with safety standards. ECSU materials, equipment, software and furniture shall remain the sole property of the university and will not be used by the employee for personal use. The listed materials, equipment, software and furniture shall be returned to ECSU upon termination of the Teleworking Agreement. Upon signature of the Teleworking Agreement, the employee accepts responsibility for any damage or theft to ECSU materials, equipment, software and furniture in his/her possession.

7. Equipment/Software supplied by employee: __________________________

________________________________________________________________________
________________________________________________________________________

8. Expenses: __________________________
________________________________________________________________________

All teleworking expenses must be reviewed and approved in advance by the department head. ECSU may reimburse business related long-distance telephone expenses, incurred at the employee’s home or via the employee’s cellular telephone, on teleworking days if approved in advance by the department head. Reimbursement will require an itemized copy of the employee’s telephone bill. ECSU will not reimburse the employee for local telephone service, internet service provider expenses, nor purchase internet service for the employee’s use.

9. Confidential information maintained by teleworking employee: ______________
________________________________________________________________________

ECSU supervisors must grant permission for teleworkers to work on restricted-access information or materials at alternate work locations. It is the responsibility of the teleworking employee to maintain a high level of confidentiality of university information, files, and documents; preventing unauthorized access to any ECSU system or information and disposing of work related documents in a manner that will not jeopardize the interests of ECSU.

10. Safety Statement: By signature of this Teleworking Agreement, the teleworking employee is obligated to maintain a safe and hazard-free workplace and is responsible for injuries to third parties and/or members of the employee’s family at the alternate work location.
location. The Teleworking employee agrees to hold ECSU harmless for any injuries incurred at the employee’s alternate work location claimed by any third parties. ECSU has a right to inspect the alternate work location during work hours if a job-related incident, accident, or injury has occurred.

The employee’s alternate work location is an extension of the ECSU work space; the State’s Liability for job-related accidents will continue to exist during the employee’s approved teleworking work hours and the employee’s designated telework location. In the event of a job-related incident, accident, or injury during teleworking hours, the employee shall report the incident to his/her supervisor as soon as possible and follow established ECSU procedures to report and investigate workplace incidents, accidents or injuries.

Teleworking employee signature: ___________________________ Date: _____

By signing this agreement form, I acknowledge that I will abide by Elizabeth City State University’s policies and procedures while teleworking.

Immediate Supervisor signature: ___________________________ Date: _____

Senior Administrator signature: ___________________________ Date: _____

University Safety Official: ___________________________ Date: _____

11. Termination of Telework Agreement: Elizabeth City State University may terminate the Telework Agreement at its discretion. Termination of a Telework Agreement is not grievable to the Human Resources Commission under personnel policies.

Termination Date of Telework Agreement: ___________________________

ECSU Management terminating Telework Agreement: _________________________