

# UNIVERSITY TELEWORK AGREEMENT

This is an agreement between \_\_\_\_\_ (Employee) and \_\_\_\_\_ (Department) to establish the parameters of a telework program.

I understand that this arrangement is for Emergency purposes only. \_\_\_\_\_ (initial)

This telework arrangement will begin on \_\_\_\_\_ and continue until (if known) \_\_\_\_\_ or until written notice by either the Employee or the Department.

The alternative work site address is: \_\_\_\_\_

The Department will furnish the following equipment/supplies and they will be returned to the Department within \_\_\_\_\_ business days of the conclusion of the Agreement.

The duties and assignments that are authorized to be performed at the alternative site are:

---

The following communication is agreed to \_\_\_\_\_

Other relevant details \_\_\_\_\_

I understand that I will be held accountable for all requirements as outlined in the Telework and Emergency Preparedness Policy and the Rowan University Acceptable Use Policy.

Employee Signature \_\_\_\_\_ (Date) \_\_\_\_\_

Department Approval \_\_\_\_\_ (Date) \_\_\_\_\_

IRT Approval \_\_\_\_\_ (Date) \_\_\_\_\_

HR Approval \_\_\_\_\_ (Date) \_\_\_\_\_

Documents approved for transport \_\_\_\_\_ Computer Provided Y N

Other Equipment Provided Y N \_\_\_\_\_ (Describe)