

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)