

EMPLOYEE TELEWORK AGREEMENT

Employee Name: _____ SFID: _____

Position Title: _____ Position Number: _____

Supervisor Name: _____

Employee campus/center and office location: building _____ room number _____

TELEWORK LOCATION INFORMATION

Physical address of telework location: _____

(Address where work will be performed.)

Contact phone number for telework location: _____

(Phone number that will be used to conduct work.)

Alternative contact phone number for telework employee: _____

(A secondary phone number beyond the telework contact number above.)

TELEWORK SCHEDULE

Trial: Yes No Anticipated Start Date: _____ End Date: _____ or TBD

Is this position either: fully remote or partially remote/hybrid

Indicate below the schedule for remote work:

	Start of Day	End of Day	Total Hours	Location (remote or on-site)
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				

Employees are expected to attend in-person meetings or other on-site events (such as Convocation, department/division-wide meetings, etc.) when required by the supervisor. Additionally, employees are expected to make temporary schedule changes with reasonable notice when required by the needs of the position or department, including but not limited to having adequate coverage to maintain service levels and efficient operations.

TELEWORK DUTIES

Standard Job Duties: or Please see attached:

TELEWORK COMMUNICATION EXPECTATIONS

Method: Email Phone Call (____)____-____ Text (____)____-____ TEAMS ZOOM
Other (specify) _____

Expectation of availability/response time to communications: _____
(*ex. within 30 minutes, hourly, daily etc.*)

Expected frequency of communication with supervisor: _____
(*ex. hourly, daily, at start and end of work, etc.*)

Expectation of when video/cameras are required to be on: _____

TELEWORK TECHNOLOGY and EQUIPMENT REQUIREMENTS

Internet Connectivity Required: Yes No

If yes, a telework internet connectivity assessment must be completed by the ITS Help Desk. Please attach confirmation email from ITS Help Desk to this agreement.

Required Equipment:

Computer Yes No Supplied By Employee College Property Number _____

Printer Yes No Supplied By Employee College Property Number _____

Scanner Yes No Supplied By Employee College Property Number _____

Camera Yes No Supplied By Employee College Property Number _____

Other (*Please list item(s) and who will supply it with an SF property number if college owned.*)

Employee agrees to protect college-owned equipment from damage and unauthorized use and to report any incidents of loss, damage, or unauthorized access to their supervisor at the earliest reasonable opportunity.

Employees are responsible for following all property procedures and Information Technology and computing policies of the College and have no expectation of privacy on any College equipment or services as stated in the Telework Guideline, Section C. Work Space and Equipment.

The College will not be responsible or liable for any damages to any employee-owned equipment or property used while teleworking.

TELEWORK SUPPLIES TO BE PROVIDED BY THE COLLEGE

Supplies will vary based on the specific department and the position. Please list items that will be provided for this telework position below:

TELEWORK SITE REQUIREMENTS

Telework positions require identification of an appropriate teleworking site that is free of distractions, promotes professionalism, provides appropriate privacy where confidentiality may be maintained, is conducive to personal safety, and ensures the security of College property and information in accordance with all applicable College rules and governing laws, including but not limited to, the Family Educational Rights and Privacy Act (FERPA).

Supervisor's signature acknowledges completion of a virtual evaluation of the employee's workspace to ensure that it meets the College's requirements for professionalism, safety, connectivity, privacy, and security.

Supervisor Signature: _____ Date: _____

TELEWORK COSTS

Teleworking employees are solely responsible for operating costs, home maintenance, and any other incidental costs such as internet and utilities associated with the telework location. An SF employee may still claim reimbursement for authorized expenses incurred while conducting official business for the College subject to advanced approval and consistent with applicable College rules, procedures, and practices.

ACKNOWLEDGEMENTS AND CONFIRMATIONS

The College is not responsible for any activity, damage, or injury which is not directly related to, associated with, or resulting from the official job duties, and over which the College has no ability to exercise control. The College assumes no liability for the employee's real property, or for any injury to the employee's family, guests, or other invitees injured upon the employee's premises or telework site. In the event of an accident, incident, or claim, the employee must follow the same protocols as if it occurred on College premises and the employee must be able to demonstrate that the occurrence took place while in the course of performing the duties referenced herein. *Employee initials*

I have read the SF College Telework Administrative Guideline in its entirety. *Employee initials*

I hereby agree that I will comply with all terms and conditions, as outlined in the attached SF College Telework Administrative Guideline, and as set forth in this Telework Agreement. I understand that the Telework Agreement does not guarantee employment or telework for any specific duration and that the College may terminate this Telework Agreement at any time and for any lawful reason including but not limited to termination of employment.

Employee Signature: _____ Date: _____

I hereby agree that I will comply with supervisor responsibilities, as outlined in the attached SF College Telework Administrative Guideline, and have completed required telework supervisor training. I recognize my responsibilities associated with supervising telework employees and ensuring compliance with the attached SF College Telework Agreement. I will seek immediate assistance from my supervisor and HR if needed for any concerns related to telework expectations.

Supervisor Signature: _____ Date: _____

Vice President Approval: _____ Date: _____

For HR use only

- Date of ELT and HR review confirmation: _____
- Date supervisor and employee notified that telework can commence: _____
- Copy of Telework Agreement provided to employee and supervisor with confirmation of receipt: _____
- Effective start date of this telework assignment: _____
- Telework evaluation scheduled for: _____
- ELT and HR evaluation review completed: _____