



UNC GENERAL ADMINISTRATION TELEWORKER AGREEMENT

This is an agreement between UNC General Administration and _____ (employee) to begin a mutually beneficial teleworking schedule.

The employee by signature below agrees to abide by the UNC General Administration Teleworking Program Policy and Procedures and further certifies that he/she understands the provisions addressing:

- Work hours/accessibility
- Use and liability for UNC GA equipment and software
- Established work space
- Termination of this agreement

The employee will assure that his/her tele-workstation is a safe environment for work.

Telework site will be:

Street Address:
City:
Telephone Number:
Fax Number (if applicable):
Personal Cell Phone (if applicable):

Teleworking schedule will be as follows:

Day Of the Week	Begin Time	End Time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

If the employee is FLSA subject, the employee has been advised not to work more than 40 hours in any work week, unless prior approval has been given by management. The employee agrees to comply.

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.).

Equipment, Software, and Supplies

List of equipment, software, phone lines, other internet connections, and supplies to be used at the teleworking site:	Who will provide? U = University E = Employee
Notes:	

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.)

This Agreement specifies the conditions applicable to an arrangement for performing work at an alternate workplace. The Agreement begins on _____ and continues until _____, unless terminated before at the request of either party. My signature below indicates that I have received a copy of the UNC General Administration’s Teleworking Program Policy, and Telework Site Safety Inspection List, and that I understand and agree to the terms and conditions of this Agreement.

Employee Printed Name _____

Employee Signature _____

Date _____

Supervisor Signature _____

Date _____

HR Representative Signature _____

Date _____