

Frostburg State University's "Hybrid" Telework Agreement

Contents

TELEWORK AGREEMENT Hybrid Telework	1
Employee Telework Information	2
Work Schedule and Location	2
Telework Agreement Modification	3
Telework Review Date	3
Equipment Needed	3
Telework Employee Expectations	4
Policies and Procedure Acknowledgment	5
Additional Details	6

TELEWORK AGREEMENT | Hybrid Telework

A Hybrid Telework agreement involves the employee working both onsite and at the approved alternate offsite location. The occasional telework schedule should consist of a minimum of one day per week, one day biweekly, or monthly based on approved telework location. The University worksite remains the official onsite work location. This document is intended to ensure that both the manager and the employee have a clear, shared understanding of the employee's telework arrangement. Each telework arrangement is unique depending on the needs of the position, manager, and employee. In defining a telework arrangement, the employee and their manager are expected to evaluate the costs and benefits of telework, identify work expectations, and communicate how expectations may be met.

This telework agreement is not a contract of employment and does not provide any contractual rights to continued employment. It does not alter or supersede the terms of existing employment.



Employee Telework Information

,			
Employee Name:			
Job Title:			
Department:			
Supervisor:			
Arrangement requested by:	☐ University ☐ Department	☐ Employee	
	☐ 1 day per week		
	☐ 2 days per week		
Telework arrangement (select one):	☐ 3 days per week		
	☐ 4 days per week		
	☐ Other; less than 100% telework but varies per week		
Address where Telework will be performed:			
Talancada amananan affarti a dataa	Start date:	End date:	
Telework arrangement effective dates:			

Work Schedule and Location

Day of Week	Work Hours	Work Location
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		



Explanation of potential circumstances requiring		
mandatory onsite attendance		

Telework Agreement Modification

Either the employee or their department may end an employee requested telework arrangement. Circumstances that involve suspected misconduct, the telework agreement may be terminated immediately. This provision does not apply to telework arrangements made through the disability accommodation process.

All changes to the telework site location during employees' work schedule (e.g., travel, a relative's home, etc.) require a Telework Amendment Form to be completed. Changes cannot be implemented prior to amendment approval. All employee-proposed changes are subject to departmental approval; changes include working from a site other than the one listed and agreed upon on this telework agreement.

All changes lasting more than five (5) consecutive days will require a new telework agreement.

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Telework plan review date:	

Equipment Needed

Equipment	On- Campus	Provided by	Telework Location	Provided by	Notes
Laptop					
Docking Station					
Monitor (# if more than one)					
Keyboard/Mouse/Webcam					
Phone					
Power Strip/Extension Cord					
Additional:					

^{*}Telework arrangements for hybrid or occasional Telework will not typically result in the duplication of office equipment.



Telework Employee Expectations

- 1. The employee is expected to make or maintain childcare, elder care, or similar arrangements as if they were reporting to the office.
- 2. Employees should not conduct personal business during core work hours while on work status.
- 3. Concentration should be on work assignments during agreed-upon work hours.
- 4. Teleworkers are expected to work their workweek as scheduled.
- 5. Employees will ensure that adequate band width is available at the approved telework location in order to perform job duties.
- 6. If an employee loses internet service at any time throughout the regular workday, the employee will be required to report to their on-site campus location.
- 7. Employees must be readily accessible by telephone during their regular work hours.
- 8. Telework hours over their regular work schedule must be authorized in advance and be documented according to the policy guidelines.
- 9. An employee's regular work hours are unaffected by Telework; participants are subject to all attendance policies and practices.
- 10. Requests for leave time must be approved in advance under standard operating procedures.
- 11. Employees will follow all the standard policies and procedures that are in place for the organization.
- 12. If campus operations are altered due to weather conditions, the following applies:
 - a. Regular and Hybrid teleworkers scheduled to work remotely will follow their regular schedule.
 - b. Hybrid teleworkers scheduled to work on campus will follow the same process as on campus employees.
- 13. Employees who can telework but do not during a weather emergency or office closure must use accrued leave time.
- 14. Only employees are authorized to use university computers and equipment.
- 15. Employees will protect and properly secured all confidential information/records/data against access by unauthorized persons, destruction, etc. Files and other information subject to confidentiality regulations must be secured from unauthorized access while at the telework worksite. Any software, products or data created as a result of work-related activies are owned by the University and must be produced in the approved format and medium.
- 16. Employees will enter a telework agreement that will be revisited and executed annually, at a minimum, to coincide with, where possible, the beginning of the employee evaluation cycle.
- 17. Employees understand and accept that the University will not be liable for any damages to the employee's property resulting from participation in the Telework Program. Additionally, the University will not assume



- responsibility for operating costs, home maintenance, or any incidental costs (e.g., utilities, insurance, internet access, printer supplies, telephone, employee's equipment) associated with the employee's use of their residence for Telework.
- 18. Employees will be covered under applicable Maryland Workers' Compensation laws if injured while performing official duties at the telework site. While teleworking, employees are required to maintain a safe working environment. Failure to maintain safe working conditions will result in the termination of telework privileges. Employees agree to notify the supervisor immediately of any accident or injury that occurs and to complete any required forms. The University agrees to investigate such a report immediately. Employees also understand that the University will not be liable for damages to Employee's personal or real property while the Employee is working at the alternate work location, except to the extent adjudicated to be liable under Maryland law.
- 19. Teleworkers will not be reimbursed for travel between their home and regular office location, nor will the employee's commute time be considered hours worked.
- 20. Employees are accountable for verification of telework dates and tasks.
- 21. Hybrid teleworkers will have an office and/or physical location on campus.
- 22. All Telework arrangements can be terminated at any time by Frostburg State University or by the employee.

Policies and Procedure Acknowledgment

Policy/Procedure	Employee Initials
I have read and understood Frostburg State University's Standard and Telework Policy and Process (Include Hyperlink) and commit to adhering to policies put in place by the University.	
I understand that I must comply with all timekeeping and overtime regulations defined by state or federal law (e.g., the Fair Labor Standards Act), collective bargaining agreements, or University policy.	
I understand and agree to adhere to the FSU Policy on Acceptable Use of Computing and Computing Resources (FSU Acceptable Use Policy).	
I agree to maintain the confidentiality of all University information and documents and prevent unauthorized access to any University system or data.	



I agree to return in good working order and in a timely fashio		
at the alternate worksite upon request or if the Agreement is University must initiate legal action to regain possession of University costs.	discontinued for any reason. If the	
I understand that Workers' Compensation may cover work-re location during agreed-upon working hours. I am required to injury to my supervisor immediately. I further understand that within 24 hours of the event or claim to serve as an internal result.	report any work-related illness or t I must fill out an accident report	
Additional Details		
Hybrid Telework Policy / Agreement Acknowledge		
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(Signatures Required)	nent	
(Signatures Required)		
	Date	
(Signatures Required) Employee Signature		
(Signatures Required) Employee Signature Head of the Department Signature	Date Date	
(Signatures Required)	Date	
(Signatures Required) Employee Signature Head of the Department Signature	Date Date	



SAFETY CHECKLIST

#	General	Yes	No
1	Workspace is away from noise, distractions, and is devoted to your work needs?		
2	Workspace accommodates workstation, equipment, and related material?		
3	Floors are clear and free from hazards?		
4	File drawers are not top-heavy and do not open into walkways?		
5	Phone lines and electrical cords are secured under a desk or along wall, and away		
	from heat sources?		
6	Temperature, ventilation, and lighting are adequate?		
7	All stairs with four or more steps are equipped with handrails?		
8	Carpets are well secured to the floor and free of frayed or worn seams?		

#	Fire Safety	Yes	No
1	There is a working smoke detector in the workspace area?		
2	A home multi-use fire extinguisher, which you know how to use, is readily available?		
3	Walkways, aisles, and doorways are unobstructed?		
4	Workspace is kept free of trash, clutter, and flammable liquids?		
5	All radiators and portable heaters are located away from flammable items?		
6	You have an evacuation plan so you know what to do in the event of a fire?		

#	Electrical Safety	Yes	No
1	Sufficient electrical outlets are accessible?		
2	Computer equipment is connected to a surge protector?		
3	Electrical system is adequate for office equipment?		
4	All electrical plugs, cords, outlets, and panels are in good condition? No exposed/damaged wiring?		
5	Equipment is placed close to electrical outlets?		
6	Extension cords and power strips are not daisy chained and no permanent extension cord is in use?		
7	Equipment is turned off when not in use?		



SAFETY CHECKLIST

#	Computer Workstation	Yes	No
1	Chair casters (wheels) are secure and the rungs and legs of the chair are sturdy?		
2	Chair is adjustable?		
3	Your back is adequately supported by a backrest?		
4	Your feet are on the floor or adequately supported by a footrest?		
5	You have enough leg room at your desk?		
6	There is sufficient light for reading?		
7	The computer screen is free from noticeable glare?		
8	The top of the screen is at eye level?		
9	There is space to rest the arms while not keying?		

#	Other Safety/Security Measures	Yes	No
1	Files and data are secure?		
2	Materials and equipment are in a secure place that can be protected from damage and misuse?		
3	You have an inventory of all equipment in the office including serial numbers?		
4	If applicable, do you use up-to-date anti-virus software, keep virus definitions up-to-date, and run regular scans?		



SAFETY CHECKLIST

Telework Safety Checklist	
☐ Hybrid Telework	
☐ Regular Telework	
(Signatures Required)	
Employee Signature	Date
Department Head Signature	Date
Vice President Signature	Date
Human Resources Representative Signature	Date
☐ Approved ☐ Denied	
Comments:	