

5. In addition to the telework agreement, you will be required to complete and attach to this completed form a self-certification regarding your alternate worksite before your agreement can be approved. Based on the [Telework Self-Certification Checklist](#), will you be able to certify the integrity of your alternate work site?

If no, note any remediation of hazards you will need to complete and discuss the plan for remediation with your supervisor.

6. The following equipment owned by the employee will be used at the alternate worksite:
7. The following equipment owned by the University will be used at the alternate work site (see [Telework Policy 4.26](#) for details):
8. Describe the type or level of access to data, records, reports, and other materials the employee will need to complete their proposed work tasks at the alternate work site.
9. Do you supervise others? If so, how will you meet your supervisory responsibilities while teleworking?

D. Request Approval (To Proceed To Agreement Below)

Acknowledgment at this step signifies agreement that telework in the employee's current position at the frequency indicated in the request may be further considered. If the employee's supervisor does not approve of the request, the next level supervisor must also review the request. Participation in telework is subject to all terms and conditions specified in the university's [Telework Policy 4.26](#).

Employee

Date

As the supervisor, do you approve to move forward to agreement (see below)?

Yes

No

Supervisor

Date

As the next level supervisor, do you concur with the supervisor decision?

- Yes, I agree with the above noted decision of the supervisor
- No, following discussion with the employee's supervisor, not approved as requested. Further discussion/modification of the request is warranted
- No, following discussion with the employee's supervisor, the request to telework on a regular basis is not approved

Next Level Supervisor

Date

If request is approved, continue with section E. If the telework request has been denied by the supervisor and/or next level supervisor, please forward a copy of this request to the employee and to Human Resource Services (HRS) at hqs-employment@uni.edu for retention in the employee's personnel file.

E. Telework Agreement (Do Not Begin This Section Until Section D Has Been Approved)

1. The schedule for telework as agreed upon between the employee and supervisor (specify days of week and hours of the day; if schedule will vary, note the telework frequency):

2. Other Conditions of the Telework Agreement (if applicable):

F. Acknowledgements And Approvals

The supervisor and employee need to initial all nine acknowledgements.		Employee Initials	Supervisor Initials
1.	I understand that voluntary telework agreements may be discontinued, without cause, at any time, at the request of either the employee or the University. When practicable, either the University or the employee should provide a two week notice of termination of the agreement. When telework is an expected condition of employment, the telework agreement may only be discontinued at the option of the University. This agreement is terminated upon the employee's change to full-time leave of absence status or termination of employment.		
2.	I have read, understand and agree to Telework Policy 4.26		
3.	I understand this telework agreement shall be construed in accordance with the laws of the State of Iowa. Any dispute regarding the terms of this agreement, the terms of the employee's employment with the University, or any other claims arising out of or relating to this agreement or the employee's employment with the University shall be governed exclusively by Iowa law (or any applicable federal law). The parties agree that the state courts of law in the State of Iowa shall have exclusive jurisdiction over any claims arising out of or relating to this agreement or the employee's employment with the University. The employee consents to the personal jurisdiction of the state courts located in the State of Iowa and further agrees that they shall not file or initiate any legal action against the University in a court of law outside of the State of Iowa.		

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4.	I understand that if my position is or becomes non-exempt (hourly or hourly paid salary), I am required to record all hours worked on my weekly timecard. No working "off the clock" is allowed under any circumstances. Teleworking employees will be held to the same standard of compliance as campus-based employees. The agreed upon work schedule shall comply with FLSA regulations. For non-exempt employees, hours in excess of the regular work schedule must be pre-approved by the supervisor. Failure to comply with this requirement can result in the immediate termination of the Telework Agreement and/or disciplinary action.		
5.	I understand that this agreement is only valid for the above named address. If the employee plans to move or otherwise change their telework address, a new agreement must be initiated and approved before beginning to work from the new location.		
6.	I understand that before removing any equipment from the University campus or receiving any equipment through direct delivery, the teleworker must complete the Fixed Assets Off-Campus Use Form .		
7.	I understand that employees injured while working on-campus or at an alternate work location must immediately notify their supervisor and complete a first report of injury within 24 hours. See https://hrs.uni.edu/mybenefits/workerscomp for more information.		
8.	I understand that this completed agreement will be retained by Human Resource Services in the employee's personnel file and by the employee and the employing department.		
9.	The undersigned hereby enter into this agreement with a full understanding and acceptance of the terms and conditions herein specified. This agreement is not a contract of employment and does not provide any contractual rights to continued employment.		

Employee

Date

Department Head/Director

Date

Dean (if applicable)

Date

Division Head

Date

Human Resource Services Director (or designee)

Date

Send forms ready for Human Resource Services Director approval to hrs-employment@uni.edu. When all approvals have been obtained, HRS will distribute a copy to the employee and the department head/director and the original will be retained in the employee's personnel file.