

Telework and/or Alternative Work Schedule Request

Employee Name: <input style="width: 95%;" type="text"/>	Date of Submission: <input style="width: 95%;" type="text"/>
Job Title: <input style="width: 95%;" type="text"/>	<input type="checkbox"/> Salaried <input type="checkbox"/> Hourly
Department: <input style="width: 95%;" type="text"/>	Supervisor: <input style="width: 95%;" type="text"/>

Alternative Work Schedule Requested:

<input type="checkbox"/> Flextime (complete schedule below, pages 2 and 3) <input type="checkbox"/> Compressed Work Week (complete schedule below, pages 2 and 3) <input type="checkbox"/> Job Sharing (complete schedule below, pages 2 and 3) <input type="checkbox"/> Telework (complete pages 2 and 3)	Start Date: <input style="width: 95%;" type="text"/> Review / End Date: <input style="width: 95%;" type="text"/> Location: <input style="width: 95%;" type="text"/>
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Current Schedule			Proposed Alternative Work Schedule (only required if changing work hours and/or days)		
Days	Hours First Week	Hours Second Week	Days	Hours First Week	Hours Second Week
Sunday			Sunday		
Monday			Monday		
Tuesday			Tuesday		
Wednesday			Wednesday		
Thursday			Thursday		
Friday			Friday		
Saturday			Saturday		
Total Hours:			Total Hours		

Other Conditions:

This Agreement is between the Kennesaw State University (KSU) _____ and _____ and must be signed and approved by the employee's manager. This Agreement supersedes any prior Alternative Work Arrangements in place between you and KSU (if any). Note that having successfully engaged in telecommuting pursuant to this Agreement does not require KSU to agree to any future Agreements.

Terms and Conditions

- A. **Terms of Employment:** The employee understands that this Agreement and Alternative Work Schedule 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 the existing employment relationship. You will perform all of the duties and responsibilities as set forth in your job description, as well as those additional and/or different duties that the Department may assign from time to time. Further, you remain obligated to comply with all University (as well as the Department's) policies and procedures. While telecommuting and/or working an Alternative Work Schedule, you will maintain productivity, performance, communication, and responsiveness standards. Unless other arrangements are made between the employee and the supervisor, the employee will meet with the supervisor regularly to receive assignments and to review completed work. The employee will complete all assigned work according to procedures mutually agreed upon with the supervisor.
- B. **Duration and Revocability:** This Agreement will begin on _____ and is subject to renewal annually unless altered or terminated at any time. The employee's supervisor(s) may terminate this Agreement at any time in its discretion if participation fails to meet Departmental needs.
- C. **Work Hours:** Work hours and location are specified in this Agreement. The employee agrees that the supervisor may occasionally require the employee's presence at and participation in other meetings, training, or other group participation that may conflict with the established work hours and location specified in this Agreement. During such times, the employee agrees to structure his/her workweek to ensure availability at required meetings, training, or other group participation activities. We (KSU) and _____ agree that you will telecommute on the following schedule: the following days: _____ with the following frequency (such as each week, every other week, each month, etc.): _____
- D. **Current Schedule and Proposed Alternative Work Schedule:** A work schedule is a time an employee is expected to be on the job and working. This will be determined by the Supervisor and will be a set number of days and hours per week. There are several different types of work schedules, which vary based on the organization and the position. Schedules can also vary based on the time of year. For example, some jobs have work schedules that change every other week, depending on the season. Employees should complete their current schedule and proposed an alternative work schedule on page one if the employees working hours are changing as part of this agreement.
- E. **Presence:** You agree to maintain a presence with your Department while telecommuting. Presence may be maintained in the manner and using the technology, directed by the Department, which remains readily available such as by laptop computer, mobile phone, email, messaging application, videoconferencing, instant messaging and/or text messaging at all times during the times the Department expects or requires you to work. You will make yourself available to physically attend scheduled work meetings as requested or required by the Department.
- F. **Overtime:** Non-exempt employees may not work overtime without prior supervisor approval. Failure to obtain proper approval for overtime work may result in the cancellation of this Agreement or other appropriate action. As a non-exempt employee, you are required to take your rest and meal breaks while telecommuting in full compliance with Wage and Hour Laws. You agree to follow such procedures as your supervisor, or your Department may establish in order to minimize the likelihood of interruptions or delays to your rest or meal breaks. You are required to notify your supervisor within one business day if you believe you were unable to take a rest or meal break on a day on which you telecommuted. Employees who work more than eight (8) hour days will be paid eight (8) hours if a holiday falls on one of their workdays. They may supplement annual leave/vacation time for the remaining hours.
- G. **Leave:** Employees must obtain supervisory approval before taking leave in accordance with established office procedures.

- H. **Liability:** You will be solely responsible for the configuration of and all of the expenses associated with your telecommuting workspace and all services unless the Department expressly agrees otherwise. This includes ensuring and maintaining an ergonomically appropriate and safe telecommuting worksite. By signing this Agreement, you are certifying such is the case. KSU will not be liable for damages to your property that results from participation in the telecommuting program. KSU will not be responsible for visitors or family injured at your telecommuting worksite. You agree that you may not have business guests at your telecommuting worksite. To the extent permitted by law, you will not attempt to hold KSU responsible or liable for any loss or liability in any way connected to your non-work-related use of your telecommuting workspace.
- I. **Workers Compensation:** If there are any injuries while you are working, the workers' compensation coverage will be limited to occurrences in the designated workspace (or during work-related travel). If such an injury were to occur, it will be investigated in accordance with the standard workers' compensation procedures promulgated by the Georgia Department of Administrative Services (DOAS). All injuries incurred by you during hours you are working and all illnesses that are job-related must be reported promptly to your respective HR Business Partner. A list of colleges/departments and their respective HR Business Partners can be found on the [HR Website](#).
- J. **Workplace, Equipment, and Supplies:** Generally, you are required to use mobile devices (for example, laptops, tablets, and, if approved or required by the Department, a mobile phone) owned and issued by KSU. If your Department has approved you to use a personal mobile device while telecommuting, you must consult with your local HR Business Partner as well as UITS to arrange an appropriate set up of the mobile device(s). You are prohibited from tampering with any software, firmware, or hardware provided by KSU or loaded onto your personal mobile devices to enable you to perform KSU work. Regardless of whether using personal or KSU-owned mobile devices for KSU work while telecommuting, you are responsible at all times for the access, use, and security of those mobile devices. Approval to use non-KSU issued mobile devices can be revoked at any time.
- K. **Evaluation:** The evaluation of the employee's job performance will be based on established standards. Performance must remain satisfactory for this Agreement to continue.
- L. If there are any concerns regarding this arrangement, you agree to immediately alert your supervisor, for clarification and resolution.
- M. By signing this Agreement, you are also confirming you have read, understood, and will comply with all provisions of the agreement as well as KSU and USG Policies and Procedures, including the Telework Program.

Employee

Name <i>(print clearly)</i> :	Title:
Signature:	Date:

Department Supervisor Approval:
 Approved **Denied**

Name <i>(print clearly)</i> :	Title:
Signature:	Date:

Vice President/Dean/Designee:
 Approved **Denied**

Name <i>(print clearly)</i> :	Title:
Signature:	Date:

Cabinet Member:
 Approved **Denied**

Name <i>(print clearly)</i> :	Title:
Signature:	Date:

HRBP Acknowledgement:

Name <i>(print clearly)</i> :	Title:
Signature:	Date: