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Introducing Telecommuting Agreements

Staff Member's Role

* Consider need
* Describe the benefits for supervisor/customers/co-workers would experience based on the option
* Anticipate challenges, provide suggestions to address
* Be open to feedback and changes to the proposal
* Be accountable for written agreements
* Communicate with supervisor to ensure you are meeting expectations
* Regularly evaluate arrangement with supervisor and implement agreed upon changes

Supervisor's Role

* Focus on the organizational benefits
* Support concept verbally and through personal modeling of balanced work practices
* Work collaboratively with staff to address problems and/or obstacles
* Clearly communicate defined tasks and expectations
* Measure performance through results and behaviors
* Provide regular feedback on performance
* Be willing to reverse a plan if it is not serving the department's or individual's needs
* Set expectations for procedures and guidelines for flexible work arrangements with all staff

Staff and their supervisors are encouraged to discuss their needs and to work together to develop the best possible arrangements for their situation.

Following discussion between the supervisor and staff member, the supervisor drafts a Telecommuting Agreement outlining appropriate expectations and understandings. The agreement, which should ultimately be a collaborative plan, formalizes the mostly remote, telecommuting arrangement.

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**Telecommuting (Remote Work) agreement**

Telecommuting is a work arrangement that enables a staff member to work from home or another off-site location for all or part of the regular workweek. Telecommuting requires a high degree of mutual trust and communication between the staff member and the supervisor. This Agreement may be amended or terminated by the supervisor consistent with the Telecommuting Policy.

|  |  |
| --- | --- |
| **Staff Member Name:** | **DUID:** |
| **Job Title:** | **Exempt** |
| **Department:** | **Non-Exempt** |
| Pilot Agreement  Regular Agreement | **Date:** |

**Work Schedule.** Staff members may be expected to be working and available during certain core hours. Additional work time outside of core hours may be flexible. Non-exempt staff must adhere to timekeeping and overtime policies.

**Core Working Hours**  *N/A. All work hours are flexible. Supervisor Initials* \_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Pay Period Week 1** | | | |
| **Day** | **Start** | **Finish** | **Location** |
| Monday | a.m.  p.m. | a.m.  p.m. | onsite  remote |
| Tuesday | a.m.  p.m. | a.m.  p.m. | onsite  remote |
| Wednesday | a.m.  p.m. | a.m.  p.m. | onsite  remote |
| Thursday | a.m.  p.m. | a.m.  p.m. | onsite  remote |
| Friday | a.m.  p.m. | a.m.  p.m. | onsite  remote |
| Saturday | a.m.  p.m. | a.m.  p.m. | onsite  remote |
| Sunday | a.m.  p.m. | a.m.  p.m. | onsite  remote |

|  |  |  |  |
| --- | --- | --- | --- |
| **Pay Period Week 2**  *same as Week 1* | | | |
| **Day** | **Start** | **Finish** | **Location** |
| Monday | a.m.  p.m. | a.m.  p.m. | onsite  remote |
| Tuesday | a.m.  p.m. | a.m.  p.m. | onsite  remote |
| Wednesday | a.m.  p.m. | a.m.  p.m. | onsite  remote |
| Thursday | a.m.  p.m. | a.m.  p.m. | onsite  remote |
| Friday | a.m.  p.m. | a.m.  p.m. | onsite  remote |
| Saturday | a.m.  p.m. | a.m.  p.m. | onsite  remote |
| Sunday | a.m.  p.m. | a.m.  p.m. | onsite  remote |

Regular or recurring tasks, meetings, etc. that will require the staff member to work onsite:

|  |
| --- |
|  |
|  |
|  |
|  |
| See attachment for additional onsite work requirements. |

The supervisor may require the staff member to report to work onsite for additional meetings or tasks to support the department’s business needs.

The staff member may be required to report to work onsite if productivity is interrupted at the remote work location due to a power outage, loss of internet connectivity or communication, or other disruptions.

**Communication.** Communication is key to a successful remote work arrangement. The staff member and supervisor will communicate with the following channels and expectations (e.g., telephone number xxx-xxx-xxx; answer the telephone during core hours or return call in response to a message within xx business hours):

|  |  |
| --- | --- |
| **Communication Channel** | **Expectation** |
|  |  |
|  |  |
|  |  |
|  |  |
| See attachment for additional communication channels and expectations. | |

**Performance Barriers.** Describe potential performance barriers and proposed solutions.

|  |  |
| --- | --- |
| **Performance Barrier** | **Proposed Solution** |
|  |  |
|  |  |
|  |  |
|  |  |
| See attachment for additional performance barriers and proposed solutions. | |

The staff member and the supervisor will discuss performance barriers as they become apparent and collaborate to implement and revise solutions.

**Performance Expectations.** Describe how the staff member’s work performance will be measured and evaluated.

|  |  |
| --- | --- |
| **Performance Standard** | **Expectation** |
|  |  |
|  |  |
|  |  |
|  |  |
| See attachment for additional performance standards and expectations. | |

These performance expectations are specifically related to implementation of the remote work agreement and are not intended to be exhaustive. The supervisor may communicate and implement additional and further performance expectations as required by the department’s business needs.

**Performance Evaluation.** In addition to mid-year and annual performance reviews, the staff member and supervisor will meet as follows to review performance and make such modifications to this Agreement as are necessary to meet the department’s business needs.

|  |
| --- |
|  |

**Other Matters.** The staff member and the supervisor agree to the following additional terms and conditions of this Agreement.

|  |
| --- |
|  |

**Equipment**

The Remote Workspace Equipment Inventory is completed, approved (Supervisor Signature included), and attached. This must be done before this Agreement is implemented. The Remote Workspace Equipment Inventory is incorporated herein by reference. (See below)

**Safety**

The Remote Workspace Safety Checklist is completed, approved, and attached. This must be done before this Agreement is implemented. The Remote Workspace Safety Checklist is incorporated herein by reference. (See below)

**Staff Member Agreement**

I have read and understand the Telecommuting Policy and this Agreement and agree to abide by their terms and conditions. I understand that it is my responsibility to make my remote work arrangement successful. I understand that this Agreement may be amended or terminated by my supervisor consistent with the Telecommuting Policy.

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Staff Member’s Name Staff Member’s Signature Date

**Pilot Period Implementation**

This Agreement is approved for a pilot period, after which the staff member and supervisor will review progress and outcomes. Following the pilot period, this Agreement may be modified, approved for regular implementation, or terminated.

|  |  |
| --- | --- |
| Pilot Implementation Date: | Pilot End Date: |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Name Supervisor’s Signature Date

**Regular Implementation**

This Agreement has previously been piloted. Following the pilot period, progress and outcomes were reviewed and any necessary modifications have been made to this Agreement, which is hereby approved for regular implementation. This Agreement may be amended or terminated consistent with the Telecommuting Policy.

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Supervisor’s Name Supervisor’s Signature Date

**Recordkeeping**

This original Agreement shall be placed in the staff member’s personnel file and a copy shall be provided to the staff member.

**Remote Workspace Equipment Inventory**

Duke telecommuters should review and update the remote workspace equipment inventory at least annually and submit to their

supervisor. Staff members who work offsite are expected to furnish a safe, adequate workspace for themselves with all necessary equipment and supplies except as specified below to be provided by Duke. All equipment supplied by Duke must be returned to

Duke when the remote work agreement or the staff member’s employment ends.

|  |  |  |
| --- | --- | --- |
| **Equipment Supplied by Duke** | | **Description and Identifying Numbers** |
|  | Computer |  |
|  | Computer Peripherals (specify, if any): |  |
|  | Printer |  |
|  | Chair |  |
|  | In lieu of a chair, the staff member will be reimbursed (with receipt) up to $      once every five years for the purchase of an appropriate work chair. | |
|  | Mobile communication device |  |
|  | Telephone |  |
|  | Small office equipment (specify, if any): |  |
|  | Staff member may pick up consumable office supplies (paper, pens, staples, paper clips, folders, etc.) from: | |
|  | Staff member must supply consumable office supplies at the staff member’s expense. | |
|  | Other: |  |
|  | See attached page for additional equipment supplied by Duke. | |

**I acknowledge receipt of and responsibility for the equipment listed above.**

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Staff Member’s Name Staff Member’s Signature Date Completed

**Approved**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Name Supervisor’s Signature Date Completed

**Remote Workspace Safety Checklist**

Staff members are expected to maintain their home workspace in a safe manner, free from hazards. Staff members should review

the remote workspace safety checklist at least annually and submit to their supervisor.

|  |  |  |
| --- | --- | --- |
| **Standard** | **Corrections Made** | **Initial** |
| Follow office workstation adjustment guidelines provided in “Guidance for Telecommuting from Home” on the OESO website: <https://www.safety.duke.edu/news-events/guidance-telecommuting-home> Review the Office Ergonomics for Telecommuters (ER100) course and complete the Rapid Office Strain Assessment (ROSA) as needed. |  |  |
| Work surface is secure and sturdy. Work surface does not have any broken parts, sharp edges, or protruding hazards. |  |  |
| Chair is secure and sturdy. Chair does not have any broken parts, sharp edges, or protruding hazards. All knobs and adjustments are tight. |  |  |
| Casters are sturdy and move freely. Casters are matched to the floor surface such that the chair does not move or catch suddenly or unexpectedly. |  |  |
| Chair height allows feet to rest flat on the floor. Add a footrest if necessary. |  |  |
| Chair provides appropriate back support. |  |  |
| Worksurface is located at approximately elbow height, when elbows are bent 90 degrees at the side. |  |  |
| Primary monitor is located at eye level. |  |  |
| The work area is free from tripping hazards. All cords and cables are secured neatly away from the footwell of the desk, the chair, and the walking area. |  |  |
| Power supply cords are not frayed and are plugged into a power strip with a circuit breaker or an uninterrupted power supply (UPS) box. |  |  |
| Extension cords should be avoided if possible. If extension cords are necessary, they are not frayed and are adequately rated for the total electrical load. |  |  |
| Electronic devices, such as laptops, should be placed on a hard surface to ensure adequate cooling airflow beneath the device. Check and clean the cooling fan vents on all computers periodically. Laptops can overheat when used on soft surfaces or due to dust accumulation. |  |  |
| Laptops should be powered down or turned off when not in continuous use. Do not leave laptops connected to a charger indefinitely. Once charged, the laptop should be disconnected from the charger and the charger should be unplugged from the outlet. Laptops should not be stored in a carrying case while powered up (or while powering down). |  |  |

I have completed the Remote Workspace Safety Checklist and made any necessary corrections as noted above.

**I certify that my remote workspace meets all the standards above.**

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Staff Member’s Name Staff Member’s Signature Date Completed