

**TELEWORK ASSIGNMENT
 For UW Professional and Classified Staff**

The supervisor and teleworking employee should complete this form together.

Employee Name		Job Title	
Department ROBINSON CENTER		E-Mail Address	
Address/Location of Telework Space		Telework Phone Number	
Supervisor's Name	Supervisor's Work Phone	Supervisor's E-Mail	
Employee's Weekly Work Schedule, Hours of Work and Location If position is overtime eligible, identify the day of week and time of day on which the work week will begin and end (e.g., Monday 12:00 a.m. – Sunday 11:59 p.m.): N/A			
Day of Week	Work Hours	Work Location	

Describe the work assignments the employee will perform at the telework site.
Describe the job performance standards for the telework assignments.
Describe how the employee's performance will be assessed while teleworking.
Describe how communication with the supervisor will be handled while teleworking.
Describe how communication with others at the University will be handled while teleworking.
Describe how telephone or other contacts for the employee at the University work site will be handled.

Itemize the equipment, supplies, data or furniture the employee will need at the telework site. Specify which of these items the department will provide and which the employee will provide.
Describe the support services (e.g., troubleshooting equipment problems) the employee may need at the telework site and how they will be provided.
Describe the measures taken to provide security for University-owned equipment, supplies, data and furniture.
In the event of equipment failure, record how "down time" will be handled. (e.g., employee will perform assignments that do not depend on equipment; time will be made up within the week or charged to an appropriate leave balance, etc.)
What records will the employee keep at home and how will they be secured?

Employee's Signature	Date
Supervisor's Signature	Date
Director's Signature	Date