



OFFICE OF HUMAN RESOURCES
Telework Program
Telework Plan

Name _____ Empl. ID # _____

Office Address _____ Phone # _____

Telework Address _____ Phone # _____

Supervisor _____ Department _____

Start Date of Telework _____ End Date of Telework _____

I. Summary of Telework Assignment

II. Assignments

The following are the agreed upon assignments to be worked on by the teleworker at the remote location with the expected delivery dates:

	Delivery Date
1) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____
5) _____	_____

III. Work Schedule

Day	Work Hours		Location Remote (R) - Campus (C)
	Start	End	
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
Lunch			

IV. Office Supplies

The teleworker agrees to obtain from the office all supplies needed for work at the telework location. Out of pocket expenses for supplies regularly available at the department will not normally be reimbursed.

Employee Signature

Date

Supervisor Signature

Date