



Teleworking Arrangement Form

The Teleworking Arrangement is necessary to set expectations and foster transparency between the teleworking employee, their department, and the University. Before beginning a teleworking arrangement, employees and supervisors must first review and acknowledge the Teleworking Policy*.

To be completed by the Supervisor after completion of the Teleworking Evaluation Worksheet.

Name:	ULID:
Job Title:	Department:
Effective date(s) of arrangement: to	Immediate Supervisor

*Requests for accommodations under the Americans with Disabilities Act must first be reviewed and approved by the EEO/ADA Coordinator at hrcompliance@louisiana.edu.

1. Describe how communication (i.e., meetings, email, answering phone calls, voicemail, etc.) will be coordinated (with coworkers, supervisor, colleagues, customers, etc.).

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2. Describe how and when this arrangement will be evaluated.

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3. List remote workplace location(s) (street address, city, state, and zip code)

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4. Indicate specific or various types of assignments to be performed by employee at the remote work location. Attach a job description.

5. List university equipment and software that will be used by the employee in the remote workplace location and will be returned to the university immediately upon expiration or termination of this agreement.

6. Describe elements of the job that cannot be completed off-site and how they will be handled.

7. Describe how information security and privacy requirements will be met.

8. Describe how university equipment will be maintained.

9. The Employee is prohibited from doing the following tasks while teleworking (e.g., printing and storing sensitive data at home, saving confidential information on a personal computing device, etc.).

I have read and understand the above expectations set forth in the Teleworking Arrangement. I understand that my failure to adhere to these expectations set by my supervisor may have an adverse effect on my employment and may result in disciplinary action, including, but not limited to the immediate withdrawal the teleworking arrangement.

Employee	Date
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Department Head	Date
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Provost/Vice President: For review and approval, please forward the completed Teleworking Evaluation Worksheet, signed Teleworking Arrangement Form, along with the job description to hrconsultancy@louisiana.edu.

Vice President	Date
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Human Resources Representative	Date
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- ☐ This request is approved
- ☐ This request is denied at this time