

Portland State University
TEMPORARY TELEWORK APPLICATION & AGREEMENT

Purpose: This is a short-term discretionary program and must be discussed and considered on a case-by-case basis with the unit supervisor and individual employee. For full policy, click [here](#).

Employee Information

Name _____ Office phone _____

Department/Office _____ Office email _____

Supervisor _____ Phone _____

Proposed telework location: Home Other(describe)_____

Telework address _____

Telework phone _____ Telework e-mail _____

Personnel besides supervisor & other management authorized to have your telework phone number (list):

Temporary Telework Schedule

Telework Start Date _____ Expected End Date _____

Daily schedule _____ Total hours per day _____

Core hours you can be reached _____ a.m./p.m. to _____ a.m./p.m.

Accessibility information

How can you be contacted when you telework? *(Check all that apply)*

Phone; E-mail; Voice mail/answering machine;

Other(describe) _____

Communications & Equipment

Business telephone calls made from the home will be paid for as an employee reimbursement

The following equipment will be used by the employee in the home/remote work location:

Item: Computer _____ Owner: _____

Item: _____ Owner: _____

Item: _____ Owner: _____

Item: _____ Owner: _____

Item: _____ Owner: _____

AGREEMENT

I have read and understand the Telework Policy and agree to the duties, obligations, responsibilities and conditions for teleworkers described in the policy.

Employee Signature

Date

I authorize Temporary Telework, and will separately authorize any extension or subsequent Temporary Telework application.

Supervisor Signature

Date

Original to Human Resources. Copies to be retained by employee & supervisor