# SU Teleworking Plan

This form is a guide for the employee and supervisor to plan work during telework periods. The form may be altered as necessary by the supervisor and employee. A work plan is required to clearly define work expectations, effective evaluation and must be attached to the Telework Agreement signed by both parties.

**Teleworker Name**:

**Supervisor Name, title and phone number**:

**Department name**:

**Main Office Workplace and phone number**:

**Remote Workplace location and phone number:**

**Indicate remote workplan below on the applicable day(s):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Day** | **Workday Start and**  **End Times** | **# Hours** | **Daily Break & Lunch Period Time(s)** | **Commuting Miles Saved (optional)** |
| Monday |  |  |  |  |
| Tuesday |  |  |  |  |
| Wednesday |  |  |  |  |
| Thursday |  |  |  |  |
| Friday |  |  |  |  |
| Saturday |  |  |  |  |
| Sunday |  |  |  |  |

COMMENTS:

These are the conditions for teleworking agreed upon by the teleworker and the supervisor:

1. The following are the assignment(s) to be worked on by the teleworker at the remote workplace and expected delivery dates:

|  |  |  |  |
| --- | --- | --- | --- |
| **Assignment(s)** | **Frequency/# Hours** | **Delivery Date** | **Comments** |
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2. The teleworker agrees to:

a. Call their office phone to collect and return phone messages at least \_\_\_\_\_ times per day (or by specified interval).

b. Check their email at least \_\_\_\_\_\_ times per day (or by specified interval).

c. Be on instant messaging (or phone if agreeable) between the hours of \_\_\_\_\_ and \_\_\_\_\_ to receive/provide information, instructions, or check in with supervisor (as appropriate).

3. The teleworker agrees to obtain from the main office all supplies needed for work at the remote workplace. Out of pocket expenses for supplies regularly available at the main office will not normally be reimbursed unless prior authorization is given.

|  |  |
| --- | --- |
| **Teleworker Signature:** | **Date:** |

|  |  |
| --- | --- |
| **Supervisor Signature:** | **Date:** |