**Temporary Telecommuting**

Employees are expected to work at the work location designated by Oklahoma Panhandle State University. Designation of the work location is based on the operational needs of the unit. However, in an effort to provide a flexible and supportive work unit, use of a remote work

location or telecommuting option may be requested or encouraged due to social distancing protocols.

Approval for temporary telecommuting must be endorsed by the unit administrator and/or dean. Typically, these arrangements must also be approved by the appropriate Vice President; however, this requirement is currently suspended. Telecommuting is not an employee entitlement and may be terminated at any time by the supervisor or administrative official and/or the employee.

**Guidelines for Temporary Telecommuting**

Within the operating needs of the department, unit administrators have the flexibility to work with employees in order to accommodate commuting and other needs of employees within the following guidelines:

* Telecommuting programs are at the discretion and advance approval of the unit administrator. The attached forms are for documentation of this approval and should be kept within departmental records.
* Approval depends upon the job duties to be performed and may not be suitable for all positions or departments. Telecommuting arrangements must not jeopardize or impact normal operations or hamper teamwork and unit results.
* Unless otherwise approved, work hours of the regular work location must be maintained. Failure to maintain such hours will result in return to regular work location.
* The designated remote work location is considered an extension of the department’s workspace and must maintain a professional atmosphere and decorum.
* Telecommuting arrangements must constitute a safe working environment and are governed by the provisions of workers’ compensation during the agreed upon work hours while performing work-related duties. The employee will immediately report to their supervisor job-related accidents which occur at the alternate work location during the agreed upon work hours while performing work-related duties. The employee is responsible for completing the Safety Checklist with the supervisor and agrees to inspection at the request of a designated University official.
* Telecommuting arrangements, if available, should be offered uniformly to all employees whose positions are conducive for telework. When requests conflict, a fair and impartial means must be used to grant requests. Telecommuting may not be available for new employees during the first 90 days of employment or for employees with any current corrective action.
* An approved telecommuting arrangement must be reviewed after the first three months and thereafter on an annual basis to determine the value and success of such action.

**Advantages of Temporary Telecommuting**

* + Allows employees flexibility in meeting personal needs.
	+ Increases employee retention, loyalty, and morale.
	+ Improve the University’s ability to recruit and retain employees who may be otherwise unavailable.
	+ Allows for social distancing efforts on campus.

**Things to Remember About Telecommuting**

* + Not every position is suited. The unit administrator is responsible to set work locations that meet the operating needs of the unit.
	+ To be successful, the program must “work” for both employees and the unit
	+ Communication is key. Supervision and supervisory feedback is still necessary
	+ Consistency and fairness are important with this and every aspect of employment practices.

Questions regarding these practices can be addressed to HR or supervisor.

*This information was developed for the convenience of OPSU employees. It is a brief interpretation of more detailed and complex materials. If further clarification is needed, the actual law, policy, and contract should be consulted as the authoritative source.*

**TEMPORARY TELECOMMUTING AGREEMENT**

Oklahoma Panhandle State University

**Employee Information**

Name:Click or tap here to enter text. Banner ID:Click or tap here to enter text.

Department:Click or tap here to enter text. Title: Click or tap here to enter text. Continuous

Employment Date:Click or tap here to enter text.

FLSA Status [ ]  Exempt [ ] Non-Exempt

Regular/Primary Work Location:Click or tap here to enter text.Phone/Email: Click or tap here to enter text.

**Alternate Work Location**

1. Indicate proposed work location: Click or tap here to enter text.
2. Describe benefits of telecommuting to department: Click or tap here to enter text.
3. Describe benefits of telecommuting employee: Click or tap here to enter text.
4. Describe how the employee will communicate with supervisor and department: Click or tap here to enter text.
5. Briefly explain how hours worked will be tracked/recorded: Click or tap here to enter text.
6. Briefly describe how the quality and quantity of work will be evaluated? What measures will be used to determine that the agreement is working successfully for the department?Click or tap here to enter text.

**Work Location Schedule**

1. Dates of Proposed Schedule: Click or tap here to enter text.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Current Work Location Schedule** | **Hours** | **Day** | **Proposed Work Location Schedule** | **Hours** |
| Click or tap here to enter text. | Click or tap here to enter text. | Monday | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Tuesday | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Wednesday | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Thursday | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Friday | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Saturday | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Sunday | Click or tap here to enter text. | Click or tap here to enter text. |
| **Total:** | Click or tap here to enter text. | **Total:** | Click or tap here to enter text. | Click or tap here to enter text. |

***Lunch time will be from***Click or tap here to enter text. ***to*** Click or tap here to enter text. ***each work day.***

**Terms and Conditions of Participating in Temporary Telecommuting Agreement**

* + Working at a remote work location is an exception and not an entitlement.
	+ Participating in a telecommuting agreement can be terminated at any time by the supervisor or the employee.
	+ The employee and supervisor and will develop and follow an effective communication strategy for each other and co-workers.
	+ Conditions of employment with Oklahoma Panhandle State University are not affected by telecommuting.
	+ The designated remote work location is considered an extension of the department’s workspace and is governed by the provisions of workers’ compensation during the agreed upon work hours while performing work-related duties. The employee will immediately report to their supervisor job-related accidents which occur at the alternate work location during the agreed upon work hours while performing work-related duties.
	+ The remote work area is subject to review by the supervisor/unit administrator/or designee with reasonable notice.
	+ The remote work location environment will be professional when receiving or making work- related phone calls (e.g., no barking dogs, loud music/television, crying children in the background, etc.)
	+ Working in a remote work location is not a substitute for dependent or elder care.
	+ Work hours, use of annual leave, sick leave, and all other types of leave will conform to current OPSU policies and procedures. The employee will maintain their work schedule and submit appropriate documentation requesting sick leave, annual leave, or other types of leave (when applicable).
	+ Business meetings with third parties will be conducted at the primary duty station or other approved location. Approval for alternative meeting sites must be obtained in writing prior to the meeting.
	+ On occasion, the employee may be required to report to the primary work station to attend meetings or tend to other responsibilities.
	+ Oklahoma Panhandle State University equipment to be utilized at the remote work location will be listed on an Inventory of Equipment Form, signed and dated by the employee and supervisor.
	+ The employee will maintain a safe working environment. The supervisor and employee will review and sign the Remote Work Location Safety Checklist when the location is provided and/or maintained by the employee.
	+ The employee will safeguard all work related records and files from loss or damage. All products, documents, reports, and data created at the remote work location as a result of work-related activities are the intellectual property of Oklahoma Panhandle State University and are subject to the Oklahoma Public Information Act. The employee will return all work-related property to the department, upon request.
	+ The employee will ensure a secure computing environment in that the computer workstation being used at the remote location will meet the OPSU computer security standards.
	+ A nonexempt employee must limit actual work hours to 40 hours per week, unless prior written approval has been obtained from the supervisor.
	+ The employee is expected to follow all OPSU policies and procedures while at all work locations.
	+ The work must be completed within the above schedule with no loss of customer service or disruption to others in department or within the OPSU System.
	+ At any time, for any reason, the supervisor may require return to the regular work schedule and location.
	+ The employee must comply with the terms and conditions of this agreement. Failure of the employee to comply with these terms and conditions may result in the termination of the temporary telecommuting agreement and may also result in other corrective action, up to and including termination.

**Employee Agreement**

I request approval to telecommute as indicated above. I agree my supervisor and I will complete the *Inventory of Equipment Form* (if applicable), and the *Remote Work Location Safety Checklist* (if applicable) if my request is approved. I understand that Oklahoma Panhandle State University is not obligated to provide resources/equipment to establish an office away from the usual duty station. I have read, understand, and will comply with all of the terms and conditions of this *Telecommuting Agreement.*

I have discussed telecommuting with my supervisor and understand that my application does not guarantee that I will be eligible to telecommute. I have read the telecommuting guidelines and understand that it is not an entitlement and that it is not appropriate for every employee. I understand that telecommuting can be terminated at any time by OPSU or me.

Employee Date

**Supervisor and Vice President Approval**

I have discussed the possibility of telecommuting with the above mentioned employee. I have reviewed this *Telecommuting Agreement* with the employee and will hold the employee accountable to the terms and conditions of this agreement. I believe this employee is a good candidate based on job responsibilities and performance in his or her current position.

[ ]  Approval [ ]  Disapproval

Supervisor Date

**Vice President**

[ ]  Approval [ ]  Disapproval

Vice President Date

**REMOTE WORK LOCATION SAFETY CHECKLIST**

**Oklahoma Panhandle State University**

The employee and supervisor will review this checklist together to ensure steps have been taken to address the safety of the remote work location when the location is provided and/or maintained by the employee.

**Remote Work Location**

[ ] The employee has clearly defined workspace that is kept clean and orderly.

[ ] The lighting is adequate for assigned tasks. Exits are free of obstructions.

[ ] Supplies and equipment (both departmental and employee-owned) are in good condition. The Inventory of Equipment Form has been reviewed and signed, if applicable. The work area is well ventilated and heated for assigned tasks.

[ ] Storage is organized to minimize risks of fire and spontaneous combustion.

[ ] Cords, cables, or other items are placed in an orderly fashion to prevent a tripping hazard. Surge protectors are used for OPSU-owned computers, fax machines, and printers. Heavy items are securely placed on sturdy stands close to walls.

[ ] Computer components are kept out of direct sunlight and away from heaters.

[ ] Computer operating system and software must be updated regularly with security patches

[ ] Dual authentication must be enabled and used.

[ ] Antivirus software must be installed, enabled and updated regularly

[ ] A VPN (Virtual Private Network) must be used when connecting to OPSU information resources; a VPN client is available through the OSU Information Technology website, https://it.okstate.edu/services/remote-access/index.html

**Emergency Preparedness**

[ ] A first aid kit is easily accessible and replenished as needed.

[ ] Portable fire extinguishers are easily accessible and serviced as needed.

**Ergonomics**

[ ] The workstation (desk, chair, computer, and other equipment) is arranged to be comfortable without unnecessary strain on the back, arms, neck, etc.

**Other Safety Items**

[ ] Click or tap here to enter text.

[ ] Click or tap here to enter text.

[ ] Click or tap here to enter text.

**Comments:**

Click or tap here to enter text.

I have reviewed this *Remote Work Location Safety Checklist* with my supervisor and have taken steps to ensure safety at my work location. I understand this checklist is not all inclusive, and it is my duty as an OPSU employee to create and maintain a safe working environment at my alternate work location. I understand my supervisor/department head/unit head/or designee may review my remote work location with reasonable notice.

Employee Date

I have reviewed this *Remote Work Location Safety Checklist* with the employee referenced above. Supervisor Date

**MEMORANDUM OF AGREEMENT**

**OPSU EQUIPMENT CHECKOUT FOR UNIVERSITY BUSINESS AT NON-UNIVERSITY LOCATION**

Equipment owned by Oklahoma Panhandle State University may be removed from the University campus to complete University-related business with the supervisor’s prior approval and under the following circumstances:

1. The employee acknowledges University ownership of the equipment.
2. The University-owned equipment is to be used for job-related activities.
3. The University-owned equipment will be returned to the college at the earliest of any of the following times:
	1. at the request of the employee’s supervisor or other designated University representative
	2. at the end of project for which the equipment is being used; or
	3. at the employee’s termination of employment with the University.
4. The employee accepts responsibility for replacement of the University-owned equipment, listed below, in the event it is either lost, damaged, or destroyed, or is not returned to the University as described in #3 above.
5. If the University-owned equipment is either not returned to OPSU or is not in acceptable working condition, the employee gives permission for OPSU to withhold sufficient money from his or her paycheck to repair or replace the equipment

|  |  |  |
| --- | --- | --- |
| **Equipment Description** | **Serial number** | **Asset/Tag Number** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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Off-Campus Location of Equipment: Click or tap here to enter text.

In signing below, I acknowledge that I am utilizing the aforementioned equipment for University purposes, and in doing so, accept the conditions listed above.

Employee Date

Supervisor Date