

Temporary Teleworking Agreement

Given the evolving nature of COVID-19, Cal State LA University Auxiliary Services Inc. (UAS) is encouraging social distancing as recommended by the California Department of Public Health. UAS managers are utilizing technology to promote social distancing and help minimize the spread of COVID-19.

This Temporary Teleworking Agreement should be used in all instances during which managers allow employees to use technology as a means of social distancing.

While temporarily teleworking, you will work and maintain productivity, performance, communication and responsiveness as reasonable to ensure that operations are continuing. You agree to maintain a presence with your department using the technology directed by the department. This can include using a computer, phone, email, messaging application, videoconferencing, instant messaging or text messaging. This would be applicable during your assigned work hours and any time the department expects or requires you to work.

Please understand that if your administrator deems that this Temporary Teleworking Agreement is not working effectively, or as envisioned, management may, at any time, adjust or end the temporary teleworking arrangement.

This agreement does not change the basic terms and conditions of your employment. You will continue to perform your duties as set forth in your job description, as well as in the Temporary Teleworking Agreement.

The duration of this agreement shall be from _____ until further notice. This agreement shall be renewed prior to the expiration date in order to continue participation in the University's temporary teleworking program.

Weekly teleworking schedule will be: _____.

The use of personal time off (PTO), or other leave credits is subject to normal procedures. For non-exempt employees, overtime to be worked must be approved in advance by your appropriate administrator, and you are required to take your rest and meal breaks while teleworking.

You will be responsible for maintaining a teleworking site that is safe and ergonomically appropriate.

All injuries incurred by you during hours you are working and all illnesses that are job-related must be reported promptly to Workers' Compensation.

Agreed:

Employee Name (Print)

Employee Signature

Date

Approved by:

Manager Signature

Date

Approved by:

Executive Director Signature

Date

cc: Appropriate Administrator
Personnel File