

## UVA Health Telework Agreement

The following constitutes the terms and conditions of *Telework* between UVA Health and the designated team member.

**Team Member:**

Name	Employee #	School/Dept.	Phone	Computing ID

**Manager:**

Name	Employee #	Work Location Address	Phone	Computing ID

**Alternate Work Location: \*Please circle one:    **Home**    **Other****

Address	City	State	Zip Code

**Expected Duration of Telework Agreement:**

Start Date	End Date

**Telework Schedule:**

<b>On-site Day(s):</b>	M   T   W   Th   F   S   Su   (Please circle)	# Work Hours:	
<b>Alternate Work Site Day(s):</b>	M   T   W   Th   F   S   Su   (Please circle)	# Work Hours:	
<b>Total Work Hours:</b> _____			

**Describe the Primary Tasks to be Performed: (Attach a separate sheet, if necessary.)**

- 1.
- 2.
- 3.
- 4.

**Alternate Worksite Internet Connection:**

**Does the Team Member have broadband wired access to the internet from the Alternte Work Site?** Note: No wireless or satellite internet connections. No bandwidth or data cap on Internet usage preferred. To check your internet speed from the remote site, click [here](#).

Yes: \_\_\_\_\_ No: \_\_\_\_\_

Type of Connection: \_\_\_\_\_

Download speed = Minimum of 1 Mbps?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Upload speed = Minimum of 5 Mbps?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
*NOTE: If using a UVA VoIP Phone, a minimum download speed of <b>25 Mbps</b> is recommended.		

**Team Member-provided Computer Equipment:**

1.
2.
3.
4.

**UVA Health-provided Equipment:**

Equipment	Model/Description	Serial No.	Bar Code No.
Desktop Computer			
Laptop			
Docking Station			
Monitor			
Keyboard			
Webcam (if not integrated)			
Mouse			
Other:			

**Confidentiality/Security:**

The team member will:

1. Apply approved safeguards, in accordance with health system policy, to protect health system information from unauthorized disclosure or damage; and
2. Comply with federal, state, and University policies and procedures regarding the disclosure of public and official records. Work done at the team member’s alternate worksite is regarded as official UVA Health business. All records, documents, and correspondence, in written or electronic form, must be safeguarded for return to the health system. Release or destruction of records should be done with the knowledge of the team member’s manager and in accordance with applicable state and health system policies and procedures. Electronic/computer files are considered UVA Health records and shall be protected as such.

**Work Standards/Performance:**

The team member will:

1. Comply with all federal and state laws and applicable health system policies and procedures when teleworking;
2. Meet with the manager to receive assignments; discuss how routine communication between the team member, manager, co-workers, and customers will be handled; and to review completed work as the manager deems necessary;
3. Complete all assigned work according to work procedures mutually agreed upon by the team member and manager, and according to guidelines and expectations stated in the team member’s Job Description/Performance Appraisal form;
4. Notify the manager immediately of any situation which interferes with his/her ability to perform the job;
5. Permit the manager access to the alternative work location during assigned work hours; and
6. Limit performance of his/her officially-assigned duties to the on-site UVA Health workplace or the approved alternate work location.

**Family Expectations/Work Environment:** If team members must engage in childcare, elder, care, or care for an ill or injured family member while they are working remotely, flexible work arrangements must be discussed with the manager and noted

within the Telework Schedule portion of this agreement (p. 1). Although an individual team member's schedule may be modified to accommodate childcare or similar needs in certain situations, the focus of the arrangement must remain on job performance and meeting business needs.

**Agreement Review Schedule:** It is advisable to conduct periodic reviews of the remote team member's work performance. It is recommended that this documentation should be used in completing the team member's annual performance appraisal.

**Hours of Work/Compensation/Benefits:**

The **team member:**

1. Agrees to apply themselves to his/her work during assigned work hours and to maintain at least the current productivity and quality levels at the alternative work location.
2. Acknowledges that schedule changes may be made at the discretion of the manager and that the operational needs of the health system shall take precedence over telework arrangements.
3. Agrees to obtain prior approval before working overtime and understands that the manager will not accept unapproved overtime work.
4. Agrees to follow established unit procedures including obtaining manager approval in requesting and obtaining approval of leave.

The **manager:**

1. Agrees that procedures are in place to document the work hours of the team member while working at the alternative work location.
2. Will discuss with the team member their status during emergencies or weather-related closings affecting the primary or alternate work locations.
3. Will ensure that the team member understands that all salary rates, leave accrual rates, and travel entitlements will remain as if the team member performed all work at the primary workplace.
4. Will investigate all accident and injury reports immediately following notification.

**Safety:**

The team member:

1. Understands that he/she is covered by the Commonwealth's Workers' Compensation Program if injured while performing official duties at the central workplace or alternative work location during assigned work hours.
2. Agrees to maintain the designated workspace within the alternative work location in a safe condition, free of recognized defects and hazards (such as frayed or loose electrical wires; floor surfaces that are not clean, dry and level; damaged or ergonomically incorrect seating and furniture; improper lighting; etc.) and other dangers to the team member and any UVA Health equipment provided.
3. Agrees to bring to the immediate attention of his/her manager any accident or injury occurring at the alternate work location.

**Equipment/Liability/Expenses:**

The team member provided with UVA health-provided equipment agrees:

1. To protect such equipment in accordance with health system policies. The team member risks financial liability for the loss or damage of UVA Health-provided equipment if the loss or damage results from negligence, intentional act, or failure to exercise reasonable care, safeguarding, maintenance, or service of this equipment.
2. To contact the appropriate UVA Health IT Help Desk for all technical support issues.
3. That UVA Health-owned equipment shall be serviced and maintained by the health system or a health system-approved vendor. Using a private vendor may subject the team member to disciplinary action.
4. That he/she must return promptly any UVA Health-owned equipment upon termination of the Telework Agreement.
5. That UVA Health reserves the right to call for equipment to be returned at any time for any reason.
6. That the health system assumes no liability for damages to a team member's personal or real property during the course of performance of official duties or while using health system equipment in the team member's alternate work site.
7. That he/she is responsible for service and maintenance of personally owned equipment.
8. Understands that UVA Health assumes no liability or responsibility for operating costs, structural maintenance, or any other incidental costs (e.g., utilities) associated with the use of the team member's residence.
9. Agrees to obtain approval from his/her manager prior to purchasing any item for use at the alternate work location.

**Termination of Telework Agreement:**

1. The team member may terminate the Telework Agreement at any time unless remote work is a “condition of employment.” Two weeks’ notice to the manager is required prior to termination of the agreement.
2. The manager may terminate the team member’s participation in the Telework Agreement. Team Members may be withdrawn for reasons to include, but not be limited to, declining performance and organizational benefit. Two weeks’ notice to the team member is recommended whenever feasible.

**Acknowledgments:**

I acknowledge that I have read the UVA Health Telework Manager Guide and FAQ: [UVA Health Telework Team Member Guide and FAQ](#)

Please initial: \_\_\_\_\_

**Acknowledgments:**

I acknowledge that I have read UVA Health Telework Policy [HSG-014: UVA Health Telework Policy](#)

Please initial: \_\_\_\_\_

I acknowledge that I have received the equipment indicated in the equipment table above in good working condition from UVA Health and hereby acknowledge receipt and accept delivery of the listed equipment.

Please initial: \_\_\_\_\_

**Approvals:**

By signing below the team member, manager, and department administrator agree to the terms of this Telework Agreement. A copy of the agreement is to be retained by the Department/Unit. Failure to comply with the terms of this Telework Agreement may result in termination of the Telework Agreement and/or appropriate disciplinary action.

\_\_\_\_\_

Team Member

\_\_\_\_\_

Date

\_\_\_\_\_

Manager

\_\_\_\_\_

Date

\_\_\_\_\_

Department Administrator

\_\_\_\_\_

Date