

UMCES Teleworking Schedule & Work 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

2. The teleworker agrees to be available by phone or similar (e.g., email, instant messaging, paging system, etc.) 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.
4. The teleworker assures that their remote worksite is reasonably safe, free from distractions, and appropriate for telework. NOTE: UMCES does not encourage conducting business while in transit.
5. The teleworker agrees to promptly notify their supervisor if relocating from the above specified Remote Workplace location for a duration longer than one (1) business day.

Teleworker Signature:	Date:
Supervisor Signature:	Date: