



## UNIVERSITY SYSTEM OF MARYLAND OFFICE

# TELEWORK AGREEMENT AND REMOTE WORK PLAN

This Telework Agreement is between the University System of Maryland Office (USMO) and the Employee. Both parties agree as follows:

The [USMO Policy on Telework](#) (the “Policy”) is incorporated into this Telework Agreement (the “Agreement”) between the employee and the supervisor on behalf of the USMO. The employee agrees to abide by the Policy, which may be changed by the USM Office at any time, with notice to employees.

The Agreement is effective as of the date signed by the employee, the supervisor, and the appropriate Vice Chancellor. It shall remain in effect for a period of one year or until it is revoked by the USMO or replaced by a newly executed Agreement.

Generally, the employee shall not telework from a location other than the location specified on the Agreement. If a temporary change in location is necessary, it must be approved in advance by the supervisor. If the change is to a location outside of the state of Maryland, the supervisor will consult with the USM Human Resources Office prior to approving the temporary change. The employee will notify the USMO HR Office and their supervisor of a permanent change to their home address as soon as possible.

All duties, obligations, responsibilities, expectations, and conditions of employment remain unchanged while the employee teleworks, except as specified in the Policy or this Agreement.

The employee is expected to be in contact with their office each day they telework. The method of contact and frequency will be determined by the supervisor.

The supervisor shall ensure the employee satisfactorily performs the duties of the position, including any agreed-upon deliverables, and will check in with the employee as often as necessary.

The USM Office may revoke an employee’s teleworking privileges at any time if the employee fails to comply with the Policy. Nothing in this Agreement precludes the USMO from taking any appropriate disciplinary or adverse action against the Employee for failing to comply with the provisions of the Policy or this Agreement.

# USMO TELEWORK AGREEMENT

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Supervisor's Name and Unit: \_\_\_\_\_

Telework Location (address): \_\_\_\_\_

**For EXEMPT employees:** I am requesting consideration of the following Telework schedule, pursuant to the Policy:

**Regular** (one or more regularly scheduled days each week) **Days:** \_\_\_\_\_

**Ad hoc** (on an as-needed basis, with prior approval of the supervisor for each instance)

**Episodic** (as defined in the Policy and with prior approval of the supervisor for each instance)

**For NONEXEMPT (hourly) employees:** My work hours on the days that I telework are specified below and I understand that I am not authorized to work additional hours or alternative hours without prior written approval of my supervisor, with a copy to USMO HR:

**Day of the week:** \_\_\_\_\_

**Work Hours:** \_\_\_\_\_

**Day of the week:** \_\_\_\_\_

**Work Hours:** \_\_\_\_\_

**Day of the week:** \_\_\_\_\_

**Work Hours:** \_\_\_\_\_

I have read the USMO Policy on Telework, and understand the Policy is fully incorporated into this Telework Agreement. By signing and dating this USMO Telework Agreement, I agree to abide fully with the terms and conditions contained within, as enforced by my supervisor on behalf of the USMO.

**Employee Signature:**

**Date:**

\_\_\_\_\_

\_\_\_\_\_

## COMMENT SECTION:

Employee Comments:

Supervisor Comments\*:

\*required if you are denying two days per week of telework or granting more than two days per week of telework

## APPROVALS:

### SUPERVISOR

Request Approved

Request Denied (if checked, must explain why in the comment section)

Supervisor Signature

Date:

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### VICE CHANCELLOR

Request Approved

Request Denied (if checked, must explain why in the comment section)

Responsible Vice Chancellor or designee

Date:

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### HUMAN RESOURCES

USMO HR

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*Updated as of: 7/14/2021*