

Telework Request and Success Plan

<p>Instructions: Telework is a flexible alternative to working on campus, which can positively impact productivity and work quality while providing the teleworker with greater work-life balance. To ensure telework benefits both the University and the employee, each teleworker and supervisor will collaborate to create the details of this Success Plan. Supervisor will complete and submit Telework Request and Success Plan through chain of command with final decision being made by the Telework Coordinator. If adjustments are made to enhance the telework experience, an update should be sent to the Telework Coordinator via the Telework alias. Telework will be discontinued if performance does not meet expectations or employee is no longer eligible for telework.</p>	
1. Type of Telework being Requested. (Refer to policy to determine)	
<input type="checkbox"/> Core	<input type="checkbox"/> Situational
2. Employee has completed Telework Self- Assessment.	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Job duties have been reviewed by supervisor and are suitable for teleworking.	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Employee is eligible for telework as per policy.	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Employee has access to equipment necessary to perform job requirements.	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Duration of telework, based on work responsibilities, will be for period of:	
<input type="checkbox"/> 1 year	<input type="checkbox"/> Less
7. Describe how quantity and quality of work performance will be monitored to include performance goals: (such as weekly report of activity with metrics to track activity)	
<input type="checkbox"/> Weekly Report	<input type="checkbox"/> Other _____
8. The employee work schedule on telework days will be:	
<input type="checkbox"/> Mondays <input type="checkbox"/> Tuesdays <input type="checkbox"/> Wednesdays <input type="checkbox"/> Thursdays <input type="checkbox"/> Fridays <input type="checkbox"/> Other _____	
9. Describe the communication plan between employee and team members	
<input type="checkbox"/> Twice a Day <input type="checkbox"/> Daily <input type="checkbox"/> Twice a Week <input type="checkbox"/> Once a Week <input type="checkbox"/> Other _____	
10. Measures have been taken to ensure security requirements are met to safeguard the confidentiality of information accessed from remote location	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Identify stakeholders (students, other departments, general public, etc.) and plan for meeting needs of each: (such as checking voice mail hourly, changing outgoing voice mail message, replying to emails within 2 hours, etc.)	
Key Stakeholders: _____	
Response Time: _____	
12. List any equipment or remote tools provided by Valdosta State University, if applicable:	

13. Child/dependent care arrangements during this teleworking period have been made with:	

Answer these questions ONLY if requesting Situational Telework

1. Are you a Supervisor? Yes No

If yes, name of person that will provide in-person assistance to your direct reports during the telework period.

2. Time period requested for Telework? (Ex: 10/1/2022- 10/31/2022)

3. Telework time will be focused on what project (s)?

NOTES:

Supervisor and Employee Telework Training must be completed before the Telework Agreement is initiated.

The Approved Telework Request and Success Plan will be used to create the Telework Agreement. Employees **ARE NOT** Authorized to Telework UNTIL they have received the Telework Approval Email (with signed Telework Agreement Attached) from the Telework Coordinator.

- Telework Agreements are active for a maximum of twelve months.
- Normal work hours of all teleworkers must overlap the core business hours of VSU.
- All Telework Plans must have approval of Supervisor, Vice President/Unit Head and Human Resources.

Employee Agreement:

By signing, employee acknowledges this plan has been created in collaboration with supervisor to ensure needs of stakeholders are met. I agree to follow this plan and work with my supervisor to make modifications to this plan as appropriate to ensure my performance meets VSU expectations. I acknowledge that if my performance is not effective or I am placed on disciplinary action, I will lose my telework opportunity for a time period determined by HR on a case-by-case basis.

Employee Signature

Date

Supervisor Agreement:

By signing, supervisor acknowledges this plan has been created in collaboration with employee to ensure needs of all stakeholders are met. I agree to monitor the performance as described above and to make modifications to this plan as appropriate to ensure employee performance meets VSU expectations.

Supervisor Signature

Date

VP/Unit Head Signature

Date

CHRO Signature

Date