Portland State University
TEMPORARY TELEWORK APPLICATION & AGREEMENT

Purpose: This is a short-term discretionary program and must be discussed and considered on a case-by-case basis with the unit supervisor and individual employee. For full policy, click here.

Employee Information

Name__________________________ PSU ID_____________ Position # ________________

Department/Office ______________Office phone _______ Office email__________

Supervisor ____________________________ Phone ________________

Proposed telework location: __ Home __ Other (describe)____________________

Telework address ________________________________________________________

Telework phone _____________ Telework e-mail ____________________________

Personnel besides supervisor & other management authorized to have your telework phone number (list):

___________________________________________________________________________

Temporary Telework Schedule

Telework Start Date_________________________ Expected End Date___________

Daily schedule ___________________________ Total hours per day ______________

Core hours you can be reached _______ a.m. /p.m. to _______ a.m. /p.m.

Accessibility information

How can you be contacted when you telework? (Check all that apply)
___ Phone; ___ E-mail; ___ Voice mail/answering machine;

Other (describe) __________________________________________________________

Communications & Equipment

Business telephone calls made from the home will be paid for as an employee reimbursement

The following equipment will be used by the employee in the home/remote work location:

Page 1 | 2

Revised 11-04-09 HRC
Item: Computer        Owner: 

Item: Owner: 

Item: Owner: 

Item: Owner: 

Item: Owner: 

Item: Owner: 

AGREEMENT

I have read and understand the Telework Policy and agree to the duties, obligations, responsibilities and conditions for teleworkers described in the policy.

Employee Signature                Date

I authorize Temporary Telework, and will separately authorize any extension or subsequent Temporary Telework application.

Supervisor Signature                Date

Original to Human Resources. Copies to be retained by employee & supervisor