



Teleworking Agreement in Event of University Emergency

In the event of emergency conditions on campus, such as an extreme weather event, public health concern, or damage to a campus facility, this telework agreement may be implemented on a temporary basis for employees who do not telework under normal conditions, including exempt and non-exempt employees.

This agreement, effective _____ (date) is between _____

(employee) and _____ (University of Baltimore department). The parties agree to the following:

- Employee will comply with the terms of the [UB Teleworking Policy](#);
- Teleworking is voluntary and may be terminated, by either the employee or the department, with or without cause;
- Employee must obtain advance supervisory approval before performing overtime work and before taking leave. Working overtime without such approval may result in termination of the teleworking privilege and/or other appropriate action;
- Employee's work schedule will be as designated in the box below. This may include an expectation of hours worked or duties/responsibilities required to be completed during telework;
- Employee agrees not to conduct any in-person work-related meetings at the remote work location if that remote work location is the employee's home;
- Employee agrees to provide regular reports if required by the supervisor to help judge work performance;
- The University is not liable for damages to Employee's personal property while Employee is working at a remote work location, except to the extent adjudicated to be liable under Maryland Law;
- Employee agrees that all University-owned data, software, equipment, facilities and supplies must be properly protected and secured, and is limited to authorized persons and for purposes related to work. University-owned data, software, equipment, facilities or supplies may not be used to create Employee-owned software or personal data. Employee will comply with all University policies and instructions regarding security of confidential information. Employee agrees to protect University records from unauthorized disclosure or damage;

Employee Work Schedule

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start							
End							
Total Hours							

Required Work Duties and Responsibilities:

I affirm by my signature below that I have read and understand this agreement.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____