**AD HOC TELEWORK PLAN**

|  |  |
| --- | --- |
| Employee: |  |
| Title: |  |
| Department: |  |
| FLSA Status  |  | Exempt (salaried) |  | Non-exempt (hourly) |

**Telework Location:**

|  |  |
| --- | --- |
| Address: |  |
| Phone Number: |  |
| Start Date: |  |

**Proposed Telework Schedule:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Remote Work Hours**(e.g. 8:00AM – 4:30 PM) | **On-Campus Work Hours**(e.g. 8:00 AM - 4:30PM) | **COVID-19 Hours**(e.g. 8:00 AM - 4:30PM) |
| **Monday** |  |  |  |
| **Tuesday** |  |  |  |
| **Wednesday** |  |  |  |
| **Thursday** |  |  |  |
| **Friday** |  |  |  |
| **Saturday** |  |  |  |
| **Sunday** |  |  |  |

**If there will be any on-campus work hours, please indicate the business reason:**

**If there will be any COVID-19 leave, please indicate the qualifying reason as defined by** [**MMB HR/LR Policy 1440**](https://nam02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmn.gov%2Fmmb-stat%2Fpolicies%2Fcovid-19-leave-policy.pdf&data=02%7C01%7Caranderson%40winona.edu%7C6a06b81e388749c6713208d7cc52306c%7C5011c7c60ab446ab9ef4fae74a921a7f%7C0%7C0%7C637202525679621103&sdata=7f2t6Q3kEbDgS0WMXVKZYv%2BIuQYOcqGqZ95sEsWbKzk%3D&reserved=0)**:**

**Typical assignment(s) to be completed by Employee at the remote work location.**

**What is your communication plan with your supervisor?**

**Describe any WSU equipment and software to be provided to the teleworker at the remote work location. Include inventory tag numbers if applicable at the remote work location.**