

**On-Call Employee Agreement**

Division Number: Click or tap here to enter text.

Division Name: Click or tap here to enter text.

Department Name: ­­­­­­­­­­­­­­Click or tap here to enter text.

Supervisor Name: Click or tap here to enter text.

Employee Name: Click or tap here to enter text.

Banner ID: Click or tap here to enter text.

Job Title: Click or tap here to enter text.

Position Number: Click or tap here to enter text.

To maintain effective and continuous business operations, Auburn University provides consideration for additional compensation to employees whose positions have been authorized by their division management to serve in an on-call status. This policy is established and applied in compliance with all applicable federal and state laws, rules, regulations, and University policies.

**Position Designated as “On-Call”**: Your position has been so designated, and an on-call schedule will be provided to you in advance.

**Employee Agreement**: By signing this agreement, I agree that I have read, understand, and will comply with the conditions below:

* I have read and understand the On-Call Policy and On-Call Procedures.
* I will provide current contact information to my supervisor indicating how I can be reached while serving in an on-call status.
* I will remain work-ready, physically and mentally unimpaired, fit for duty, and able to safely perform all essential functions of my job with no risk to self, co-workers, students, public, or property while serving in an on-call status.
* If I become ill or otherwise unable to continue to serve in an on-call status, it is my responsibility to notify my supervisor or designee at the earliest opportunity so that additional coverage may be identified.
* While serving in an on-call status, I understand that I must be available to be reached by phone. However, if I receive a voicemail or text, I will respond within ten (10) minutes of receiving the notification to confirm my availability.
* I will return to the worksite within forty-five (45) minutes unless otherwise approved in writing by my supervisor.

I understand that my failure to comply with this agreement may result in disciplinary action, up to and including termination.

Employee Signature: Date:

Supervisor Signature: Date:

Department Head Signature: Date: