



## On-Call Employee Agreement

Division Number: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Division Name: \_\_\_\_\_

Banner ID: \_\_\_\_\_

Department Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Position Number: \_\_\_\_\_

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: \_\_\_\_\_