



Division Number: Click or tap here to enter text.

Employee Name: Click or tap here to enter text.

Division Name: Click or tap here to enter text.

Banner ID: Click or tap here to enter text.

Department Name: Click or tap here to enter text.

Job Title: Click or tap here to enter text.

Supervisor Name: Click or tap here to enter text.

Position Number: Click or tap here to enter text.

Auburn University On-Call Employee Agreement

To maintain effective and continuous business operations, Auburn University shall provide additional compensation to designated nonexempt employees or positions that have been authorized to serve in an on-call status to remain work-ready. This policy is established and applied in compliance with all applicable federal and state laws, rules, regulations, and University policies.

Your position has been identified, by your supervisor as a position eligible to be placed in an on-call status in order to avoid significant service disruption within your department. An on-call schedule will be provided to you while serving in an on-call status. This notification will provide sufficient notice to you so that you can make any necessary personal arrangements in order to be work-ready if called upon.

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, unimpaired, fit for duty, and able to safely perform all essential functions of the job with no risk to myself, 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 immediately notify my supervisor or designee.
- Upon receiving notification from my supervisor via 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 my physical address is greater than forty-five (45) minutes from the worksite and approved 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: _____

Please send a copy to Human Resources Records to be placed in the employee file.