

TELECOMMUTING AGREEMENT

I have read and understand the attached Telecommuting Guidelines, and agree to the duties, obligations, responsibilities, and conditions for telecommuters described in that document.

I agree that, among other things, I am responsible for establishing specific telecommuting work hours consistent with the quantity of normal work hours, furnishing and maintaining my work space in a safe manner, respecting established telecommuting protocols, and employing appropriate measures to protect University assets and information.

I understand that telecommuting is voluntary and I may stop telecommuting at any time. I also understand that the University may at any time change any or all of the conditions under which I telecommute, or terminate the telecommuting arrangement.

The specific nature of this telecommuting arrangement is detailed below.

Date: _____

Name of Department: _____

Name of Department Head:

Name of Supervisor: _____

Name of Employee: _____

Time Period for Arrangement: *Start Date* _____

End or Renewal Date: _____

Description of Remote Work Location:

Employee residence (address and phone): _____

Description of work space at remote location: _____

Telecommuting Schedule:

Telecommuting will occur on a weekly basis as follows:

Regular telecommuting work hours:

Equipment and Assets:

University assets to be used at remote work location (description and ID numbers):

University information systems to be accessed from remote work location:

Non-university equipment to be used at remote work location: _____

Work Description:

Description of work to be performed via telecommuting arrangement:

Communications and Feedback:

Description of communication protocols established for the arrangement:

Performance evaluation criteria: _____

Restrictions:

FLSA restrictions that apply to the arrangement:

Note: Non-exempt University employees are subject to hourly time reporting and overtime requirements. Any telecommuting arrangement involving non-exempt staff must conform with these restrictions.

Other: _____

I agree to the terms of this agreement: Employee _____

Supervisor _____

Department Head _____