

Employee Name _____

Employee ID _____

Work Telephone _____ Telephone # during remote work _____

Work Email Address _____ Department _____

 Is this position on grant funds or "soft-money"? Yes—If yes, fund name and # _____ No

Date of last position description (must be updated if older than 3 years) _____

 FLSA status: Exempt Non-exempt

Remote work location (include street address) _____

Explain the reason for telecommuting:

 Will the employee be on parental or medical leave? Yes No
(FMLA regulations require that qualifying events be reported to the FMLA administrator.)

 Will a child or dependent be present during work hours? Yes No

 Agreement Begin Date _____ Agreement End Date _____
(This agreement cannot last more than 12 months and must be reevaluated each 12-month period.)

Telecommuting Schedule (outline daily hours for the work week)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Describe the job duties and how the work will be accomplished offsite:

List university assets to be used at the remote work location:

List the university information systems to be accessed from the remote work location:

List any non-university equipment, software and data to be used at the remote work location:

I understand and agree to the following: I have read and understand the university’s telecommuting policy and guidelines and agree to the duties, obligations, responsibilities and conditions for telecommuters described in those documents.

I agree that I am responsible for: establishing specific telecommuting work hours during which I may be reached directly; furnishing and maintaining my remote work space in a safe manner; and employing appropriate telecommuting security measures for protecting university assets, information, confidential material and systems. I verify that my remote work site provides space that is free of safety and fire hazards, and I will practice the same safety habits at my remote work site that I would at the office. I understand that the university will not be liable for any claims, except for Worker’s Compensation, resulting from this arrangement.

I agree that the Telecommuting Agreement will not be a substitution for in-home child or dependent care. If a child or dependent is present during scheduled work hours, I agree to make arrangements for the care of that child or dependent. I realize I may be asked to provide a copy of the specifics arrangements with this agreement.

This is a mutual agreement made with my department and the university. I understand that the university is not obligated to approve or provide this arrangement and may, at any time without advance notice, change any or all of the conditions under which I am permitted to telecommute or withdraw permission to telecommute.

Employee signature _____ Date _____

Supervisor Approved Disapproved Printed name _____

Signature _____ Date _____

Dean/Director/Department Head Approved Disapproved Printed name _____

Signature _____ Date _____

Vice President Approved Disapproved Printed name _____

Signature _____ Date _____

President Approved Disapproved Printed name _____

Signature _____ Date _____