

# Completing Your Telecommute Agreement

## 1. Before You Begin...

Collect and Verify Your:

- ✓ personnel info
- ✓ agreed schedule
- ✓ effective dates
- ✓ communication modes
- ✓ equipment info
- ✓ specific expectations

UNIVERSITY OF CALIFORNIA  
**MERCED** | HUMAN RESOURCES

EMAIL: hr@ucmerced.edu  
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UC Merced Telecommute Work Agreement

**BEFORE YOU BEGIN**

1. Employees must discuss the parameters of a telecommute agreement with their direct supervisor/manager prior to initiating a formal telecommute request.

2. This form will auto-populate employee information. If you have updated your data, please contact your immediate supervisor/manager and inform with inaccurate information will cause routing delays.

3. Only one request per appointment is allowed per supervisor/manager. If the immediate supervisor/manager is unavailable, please contact your direct supervisor/manager to make the request to their direct supervisor/manager.

4. This form is not to be used for multiple telecommute appointments (i.e., 9/80 or 4/10) please contact your supervisor/manager for more information.

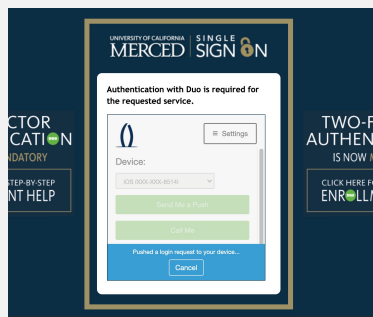
**Please Note:**

1. Telecommute is an arrangement between you and your supervisor/manager.
2. Telecommute work is a voluntary arrangement.
3. The Telecommute Work Agreement is subject to the University's policies and procedures.
4. The Telecommute Work Agreement may be discontinued at any time by either party with reasonable advance written notice.

Collecting your info ahead of time streamlines the process

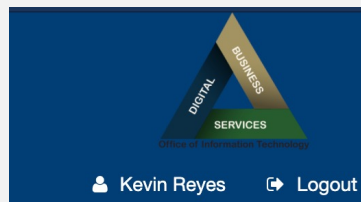
## 2. Authenticate yourself...

Single Sign On (SSO) is required



## 3. Verify identity...

If you do not see your name here, reach out to your supervisor for guidance on correction



If the form does not open for you, please refer to the [System Requirements](#).

## 4. Troubleshoot any system issues...

If page does not load, review requirements and then retry

**BEFORE YOU BEGIN**

## 5. Start your form

After collecting and verifying info then it's time to complete your agreement

## 6. Verify your info

Double-check name, UCM NetID, employee ID, email and FLSA status (very important for scheduling later)

## 7. Multiple appointments?

Be sure to indicate all lines of report appointments (using Add or Remove button) and verify

**Employee Information**

Employee ID: [REDACTED] UCM NetID: KREYES58 First and Middle Name: KEVIN Last Name: REYES Email: kreyes58@ucmerced.edu

FLSA Status: Exempt

**Active Appointments** (Does not include future dated appointments)

Job Title	Job Code	Position Number	Department Name	Department Code Selected	Buttons
TRAINING DEV	[REDACTED]	[REDACTED]	Human Resources	M51200	<input checked="" type="checkbox"/> Add Remove

Supervisor Name: [REDACTED] Supervisor Email: [REDACTED]

## 8. Select "modality"

Choose appropriate schedule mode

**Agreement**

This agreement is effective as follows:

**Service Modality\***

- Majority On-Site: At least 60% working hours On-Site (3 days/week On-Site)
- Majority Off-Site: At least 60% working hours Off-Site (3 days/week Off-Site)
- Fully Off-Site: 100% working hours Off-Site

## 9. Select "Effective" and "Expiration" Dates

These may change, but set an initial review period

Effective Date\*: 7/6/2021 Expiration Date\*: [REDACTED] Average Number of Off-Site Days/Month\*: [REDACTED]

Calendar: Jul 2021

Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

## 10. Days Off-Site/Month

If you select fully off-site this will auto-populate with “22” as the average workdays. If not, enter your average # of off-site workdays per month. This may vary week-to-week and that is ok. Details should be entered in the text box section.

**Agreement**

This agreement is effective as follows:

**Service Modality\***

- Majority On-Site: At least 60% working hours On-Site (3 days/week On-Site)
- Majority Off-Site: At least 60% working hours Off-Site (3 days/week Off-Site)
- Fully Off-Site: 100% working hours Off-Site

**Effective Date\***  **Expiration Date\***  **Average Number of Off-Site Days/Month\***

**Percent Off-Site/Month** (Calculation is based on 22 average workdays in a month)  
0.00%

An exempt employee is expected to work their regular schedule and to generally be available as business requires. Friday from 8:00AM - 5:00PM (including meal period).  
The text box should be used to account for variability of On-Site versus Off-Site work in any given period (i.e., day,

## 11. Schedule Errors

Missing info will cause errors in submission

**Service Modality\***

- Majority On-Site: At least 60% working hours On-Site (3 days/week On-Site)
- Majority Off-Site: At least 60% working hours Off-Site (3 days/week Off-Site)
- Fully Off-Site: 100% working hours Off-Site

**Effective Date\***  **Expiration Date\***  **Average Number of Off-Site Day**

7/6/2021 8/31/2021

**Percent Off-Site/Month** (Calculation is based on 22 average workdays in a month)  
0.00%

An exempt employee is expected to work their regular schedule and to generally be available Friday from 8:00AM - 5:00PM (including meal period).  
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## 12. Complete Work Location for all sites

Identify primary/secondary based on Service Modality, list physical work-site addresses for off-site and campus locations for on-site (e.g. COB1, DCC, Promenade, etc.)

**Work Location**

The telecommute employee will work from the following primary and secondary workstation and locations:  
For Off-Site location, please include address, city, state, zip.  
For On-Site location, please include building name.  
Primary location is the actual location employee is performing most (e.g., 60% or greater) of their weekly work during any given working period. [Thought Guide](#) for additional information.

**Primary\***  
My address for home with current accurate data  
Make sure UC PATH is updated as well

**Secondary**

## 13. Indicate Communication Methods

Share your working hour communication tools (this can include items not listed here...)

Recognizing that effective communication is essential for this arrangement to be successful, the telecommute employee agrees to be available during the business hours.

The following methods of communication are agreed upon (Please select at least three):

- Cell Phone
- Home Phone
- Email
- Microsoft Teams
- Zoom
- Other

Enter Cell Phone\*  Enter Home Phone\*  Enter Email\*

kreyes58@ucmerced.ec

**Other (Please Specify)\***

**Terms of Telecommute Agreement**  
Telegram, Carrier Pigeon, and low frequency vibrations

## 14. Review Agreement Terms

Review the terms of the agreement. Links to additional details or resources are included in the Terms section

**Terms of Telecommute Agreement**

1. Remote employee agrees to respond in a prompt manner. Employee-initiated schedule changes must be discussed in advance.
2. Regardless of telecommute agreement, the duties, job description, and performance criteria of the position shall remain unchanged. Employees are expected to meet the established criteria for all evaluations of performance and service. Term life insurance coverage shall remain the same.

## 15. Have additional details?

At the close of Terms include details of change in schedule notification, meetings requiring in-person attendance, or *schedule details not included* in calendar or days on/off site.

16. The telecommuter agrees to the following additional specific expectations, if any. In this section, please note expectations for work that must be performed on-site; attendance at particular meetings; specific position related expectations; etc.

Any Employee Specific Expectations

## 16. Document University Equipment or Property

List property tag, serial # and description. “Add” or “Remove” as needed

**Authorization To Use University Property At An Off-Campus Location**

**TERMS OF LOAN:** The property described below is loaned to the user named below for the mutual benefit of the user and the University, and is to be used primarily for official University business. Said property is subject to return at the end of the authorization period noted below. The University will not pay any transportation charges in connection with this authorization.

UC Property No. (if applicable)	Equipment Serial Number.	Description (Including all component parts (Make, model, etc.))	
1-adam-12	HI-Th3r3-F@b1	Big laptop with big screen – DULL Perspiration 386	<input type="button" value="Add"/> <input type="button" value="Remove"/>

## 17. Review for errors, electronically sign, date, and submit

Review for error messages, enter full name, date of completion and submit. Submit button routes form to your supervisor for review and approval.

Check for red highlighted error messages if submission fails.

I have read and agree to adhere to the terms of the Telecommute Agreement.\*

**Type Your Full Name\***  **Date**

Carrri J. Grimes 06/07/2021

**References**

- [Time Reporting System \(TRS\)](#)
- [Principles of Ergonomics](#)
- [Acceptable Use Policy](#)
- [Electronic Communications Policy](#)
- [IS-3 Electronic Information Policy](#)
- [Minimum Security Standards for Networked Devices](#)
- [BFB-RMP-2: Records Retention and Disposition: Principles, Processes, and Guidelines](#)