TELECOMMUTING AGREEMENT

This Agreement specifies the conditions applicable to an arrangement for performing work at an alternate workplace on a regular basis. The Agreement begins on ______ and continues until __________. It can be withdrawn with two-weeks (2 weeks) written notice by either party.

1. Days and hours when the employee is normally expected to be in the department are:
   _______________________________________________________.

2. The alternate workplace is located at:
   _______________________________________________________.

3. Days and hours when the employee will normally work at this alternate workplace are:
   __________________________________________________________________________

4. Additional hours involving overtime (for non-exempt employees only) at any workplace must be approved in advance by the supervisor.

5. Duties and assignments authorized to be performed at this alternate workplace are, and I recognize that the supervisor reserves the right to assign work as necessary at any workplace:
   __________________________________________________________________________
   __________________________________________________________________________

6. Recognizing that effective communication is essential for this arrangement to be successful, the following methods and times of communicating are agreed upon:

   [Specify: who (include back-up and emergency contacts), when, how often, during what time frames, how (phone, fax, beeper, face-to-face, etc.)]

7. The employee agrees to remain accessible during designated work hours, and understands that management retains the right to modify this Agreement on a temporary basis as a result of business necessity.

8. Regarding space and equipment purchase, set-up, and maintenance, the following is agreed upon:

   [Specify: purchase, set-up, maintenance, provision of supplies, insurance arrangements (consulting Office of Risk Management as necessary), etc., for each piece of equipment, furniture, phones, etc.]

9. The employee agrees to maintain a safe and secure work environment. The employee agrees to allow the University access to assess safety and security, upon reasonable notice.
10. The employee agrees to report any work-related injuries to the supervisor at the earliest opportunity. The employee agrees to hold the University harmless for injury to others at the alternate workplace.

11. The employee agrees to use University-owned equipment, records, and materials for purposes of University business only, and to protect them against unauthorized or accidental access, use, modification, destruction, loss, theft, or disclosure. Incidental personal use is not to be permitted to interfere with the use of the equipment for University business. The employee agrees to report to the supervisor instances of loss, damage, or unauthorized access at the earliest opportunity.

12. The employee understands that all equipment, records, and materials provided by the University shall remain the property of the University.

13. The employee understands that her/his personal vehicle will not be used for University business unless specifically authorized by the supervisor.

14. The employee agrees to return University equipment, records, and materials within _______ days of termination of this Agreement. All University equipment will be returned to the University by the employee for inspection, repair, replacement, or repossession with _______ days written notice.

15. The employee understands that he/she is responsible for tax consequences, if any, of this arrangement, and for conformance to any local zoning regulations.

16. The employee understands that all obligations, responsibilities, terms and conditions of employment with the University remain unchanged, except those obligations and responsibilities specifically addressed in this Agreement.

I hereby affirm by my signature that I have read this Telecommuting Agreement, and understand and agree to all of its provisions.

______________________________________  __________________________
Employee Signature                           Date

______________________________________  __________________________
Supervisor Signature                         Date

______________________________________  __________________________
Department Head (or designee) Signature      Date

________________________________________________________
Human Resources Signature                     Date