

Staff Telecommuting Agreement

Section 1 - To Be Filled Out By Employee:

Employee Name: _____ Department: _____
 Job Title: _____ Supervisor Name: _____
 Date: _____

- | | | |
|--|-----|----|
| 1. Does the work require regular face-to-face contact with a supervisor, other employees, students and/or members of the University community or the public? | Yes | No |
| 2. Does the work require routine access to information or materials that are available only at the regularly assigned place of employment? | Yes | No |
| 3. Can job functions be performed at a remote site without diminishing quality or productivity of a unit? | Yes | No |
| 4. Is the employee's presence required at the regularly assigned place of employment on a routine basis? | Yes | No |
| 5. Does the position have an emphasis on the electronic production and/or exchange of information by means of technology? | Yes | No |
| 6. Does the work involve measurable or quantifiable work product? | Yes | No |
| 7. Are there specialized materials that are required for the work or equipment available only at the regularly assigned work site? | Yes | No |
| 8. Does the work require direct handling of secure information that requires on site presence? | Yes | No |
| 9. Detail your request for office equipment, hardware, software, communication needs and office supplies needed to participate in telecommuting from a remote work site. | | |
| 10. Can this work be accomplished via a rotating remote and on campus schedule? | Yes | No |

Section 2 - To Be Filled Out By Supervisor:

- | | | |
|---|-----|----|
| 1. Do you agree with the answers to the questions above? | Yes | No |
| 2. Does the employee have the ability to successfully organize, manage time and work independently? | Yes | No |
| 3. Does the employee have at least a satisfactory work performance rating? | Yes | No |
| 4. Does the employee have a thorough knowledge and understanding of their job functions? | Yes | No |
| 5. Has the employee had prior discipline within a two year period? | Yes | No |
| 6. Will approval of this agreement shift job duties to another employee or change the duties of this position? | Yes | No |
| 7. Is approval of this agreement in the best interest of the University? | Yes | No |
| 8. Anticipated Start Date: _____ | | |
| 9. List Schedule – Days to be worked on campus and days to be worked remote:
(Schedule to be established by supervisor and approved by Vice President) | | |

Section 3 - The following constitutes an agreement on the terms and conditions of the staff telecommuting arrangement, as required in the Staff Telecommuting Policy, between the University and employee.

By signing this form, I acknowledge that:

- I have read and understand the provisions of the University's Staff Telecommuting Policy and agree to abide by the requirements set forth therein; and
- I specifically acknowledge that the University may terminate the telecommuting agreement at any time and that telecommuting is not an employee right or guaranteed employee benefit.

Employee Signature: _____

Date: _____

APPROVALS

Supervisor: _____

Date: _____

Director/Dean: _____

Date: _____

Vice President: _____

Date: _____

If approved, University Technology: _____

Date: _____



**Telecommuting Employee / Supervisor Equipment Checklist
(to be completed after telecommuting agreement is approved)**

Employee Name: _____
 Job Title: _____
 Department: _____
 Supervisor: _____

This checklist is designed to ensure that the employee and supervisor understand the telecommuting policies and procedures.

1. The employee and supervisor have established a work schedule for hours/days at a telecommuting site.
List schedule: _____
2. The following equipment has been issued to the employee and has been documented by the university:

Type of Equipment	Make	Model	Serial Number	Issue Date
Computer				
Monitor				
Keyboard				
Mouse				
Other				
Other				
Other				
Other				

3. Policies and procedures for care of equipment issued by the University have been explained and are clearly understood.
4. Policies and procedures covering confidential information and data security have been discussed and are clearly understood.
5. Requirements for an adequate and safe office space and/or area have been discussed, and the employee certifies those requirements are met.
6. Performance expectations have been defined and are clearly understood.
7. The employee understands that the University may terminate the telecommuting agreement at any time. The employee further understands that management may terminate the telecommuting arrangement immediately if the employee's performance declines or the arrangement fails to support organizational needs.
8. The employee also understands that all equipment issued to him/her by the University is the property of the University and must be returned immediately upon request.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____



Telecommuting Worksite Condition Checklist

Employee Name: _____
Job Title: _____
Department: _____
Supervisor: _____

This list is designed to assess the overall safety and appropriateness of the telecommuting designated workspace. Your worksite should conform to the conditions below prior to beginning a telecommuting arrangement.

Identify location of telecommuting worksite:
(please provide the address and a description of the designated work area)

Ensure that the designated work area meets the following criteria:

1. The work space is suitable for the performance of official business.
2. The work space has sufficient telephone and internet access to enable timely completion of all assigned job duties and tasks.
3. The space is free of hazardous materials.
4. The space is free of indoor air quality problems.
5. There is adequate ventilation for the desired occupancy.
6. The space is free of noise hazards.
7. All stairs with four or more steps are equipped with handrails.
8. Electrical equipment is free of recognized hazards that would cause physical harm (e.g.: frayed wires, bare conductors, loose wires, flexible wires running through walls, exposed wires fixed to the ceiling).
9. The building's electrical system meets all required code requirements.
10. Aisles, doorways, and corners are free of obstruction to permit visibility and movement.
11. File cabinets and storage areas are arranged so drawers and doors do not open into walkways.
12. Chairs do not have any loose casters (wheels). The rungs and legs of chairs are sturdy.
13. Phone lines, electrical cords, and extension wires are secured.
14. Floor surfaces are clean, dry, level, and free of worn or frayed seams.

I certify that the designated work area meets the criteria set forth above.

Employee Signature: _____ Date: _____

Acknowledge:

Supervisor Signature: _____ Date: _____