Telecommuting Agreement Telecommuting Agreement Form

Employee Name: ________________________________ Title: ________________________________

Supervisor: ________________________________ Department: ________________________________

This document specifies the details of an individual’s telecommuting work arrangement with their supervisor. This Agreement is to be completed in combination with training. Individuals should read the Telecommuting Policy before signing. When all signatures are present, the employee is authorized to begin telecommuting. **This Telecommuting Agreement may be discontinued by either the employee or the institution at any time without cause.**

I. Telecommuting Work Hours, Designated Workplace & Accessibility

A. Telecommuting Days

- Number of telecommuting days per week __________________
- Day(s) of the Week (circle all that apply): Monday Tuesday Wednesday Thursday Friday
- Will these days be regular each week? YES NO
- Participation in the Telecommuting Program will begin on: ___________________________
- Participation in the Telecommuting Program will end on: ___________________________

B. Telecommuting Hours

- Core working hours at home: _______ to _______; _______ to _______
- Other arrangements, direction for “down time” if dependent on PC for work, instances when employee might need to report to another location, etc.:
  __________________________________________
  __________________________________________
  __________________________________________

C. Designated Workplace

- Work location address on telecommuting days_________________________________________
- Home work office is a: ______Separate Room ______Portion of a room (room:__________) Please describe briefly:
  __________________________________________
D. **Alternate work site in the event the above designated workplace is not available:**

________________________________________________________________________

NOTES: The employee should notify his/her supervisor of any change in residence, as the new residence should be reviewed for approval under a new telecommuting agreement.

The agency has the right to inspect the premise with reasonable notice and reserves the right to inspect the premises post-injury. The agency reserves the right to investigate circumstances associated with third-party subrogation claims.

The employee should annually supply a certificate of insurance coverage. The State self-insures its own property. The state does not insure cash or securities. The employee should provide a certificate of insurance within 72 hours of beginning the short-term telecommuting arrangement.

Prohibited at-home activities while telecommuting include, but are not limited to:

- Non-work activities, including basic homemaking tasks such as dishes, laundry, etc.
- Meetings and visitors, unless pre-approved and kept to a minimum. Most meetings should take place at the agency office.
- Child care and elderly care.

The employee should take personal leave time to accommodate personal business at his/her home and should notify the supervisor of this leave time.

All work rules apply to the telecommuting employee. All injuries should be promptly reported by the employee to the supervisor.

II. **Communication and Accessibility**

**Telephone coverage when telecommuting**

Employee’s Home Phone Number: ________________________________

Employee and supervisor authorize the following people to have this number and to contact the employee for business purposes only on telecommuting days:

________________________________________________________________________

Calls will be forwarded to Home Number YES NO

Receptionist/Coworker will take Calls: YES NO

Designated Person: ________________________________________________

Employee will call-in on telecommuting days to:

_____ Supervisor _____ Receptionist _____ Designated Coworker:

_____ Not Applicable _____ Other: ______________________________________

Other designated procedures/emergency contacts: __________________________

________________________________________________________________________
Electronic Mail
The telecommuter shall use E-mail when working at home: YES NO

If yes, how often shall the telecommuter check their E-mail:

III. Telecommuting Partner/Office Liaison

A telecommuting partner is a colleague who acts as a central office liaison when an employee is telecommuting. This person may already be a partner on projects.

Will there be an office contact? YES NO Designated Person:
Responsibilities will include:

IV. Telecommunications & Equipment Costs

Employee acknowledges that employee is responsible for providing all telecommunications, workspace and equipment needed for short-term telecommuting and is solely responsible for these costs under this agreement. The employee is also responsible for ensuring that the employee’s computer and/or internet connection to any UW System network complies with all IT security requirements of the UW System and their home institution.

V. Confidentiality of Data & Records Management

The employee shall take all necessary measures, including those listed below, to ensure confidentiality of data and to preserve and retain records:

Comply with all State Laws, Administrative Codes, Regent Policies, UW System policies and local institution policies regarding record retention, storage, and confidentiality.

Other:

VI. Signature

By signing below, the employee agrees that s/he has received, has read, understands, and will abide by the Telecommuting Policy & Procedures, that s/he will participate and complete program training, surveys, and other evaluation measures, and certifies that s/he understands the policies and procedures of the Telecommuting Program, including the specific provisions listed above.

I understand and agree to the terms and conditions of this authorization. I also understand that any changes in the work arrangement must be in writing and must be signed by the employee, supervisor, appropriate management representative, and the Office of Human Resources.

Employee Signature ____________________________ Date ____________________

Supervisor Signature ____________________________ Date ____________________

Chancellor Signature (if required) ____________________________ Date ________________
Personal Waiver of Liability to Comply with Requirement of Telecommuting Policy

In consideration for being allowed to work at home, and except as otherwise provided by law, I and my heirs and assigns hereby agree to release the State of Wisconsin, the University of Wisconsin System, UW-__________________________ and all its officers, employees, and agents from any and all liability, including claims, demands, losses, costs, damages, and expenses of every kind and description including injury, death, or damage to my property, which arises out of, in connection with, or occurs during my participation in this program.

EMPLOYEE SIGNATURE: ________________________________ DATE: ______________________