

SYS 1200-Interim 01, Appendix 1: Short-Term

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 _____

INTERIM

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:** _____