

# Telecommuting Agreement Form

This form is to be discussed, completed and approved by the employee and the employee's supervisor prior to beginning telecommuting.

Please print and complete this form.

Once you and your supervisor have agreed to the terms of your telecommuting agreement, sign the form and obtain supervisor's signature. Send a copy of the signed form to the Office of Faculty & Staff Labor Relations via email at [laborrelations@uconn.edu](mailto:laborrelations@uconn.edu) or interoffice mail at Unit 5075.

**\* = Required Field**

Employee Initiating Request:\*

Name of Employee's Supervisor:\*

Supervisor's UConn e-Mail Address:\*

Enter supervisor's UConn's e-mail address (ex: [jane.smith@uconn.edu](mailto:jane.smith@uconn.edu))

Reason for Request:\*

## TELECOMMUTING TERMS & CONDITIONS:

Should you have any questions regarding these terms & conditions, please discuss them with your supervisor prior to submitting this form.

This telecommuting arrangement is effective from:\*

to

- 1 I understand that this telecommuting arrangement will be reviewed periodically during the effective period and may be extended, modified, amended or terminated at any time by written notification from the supervisor.
- 2 I understand that I am expected to continue to perform the full range of duties assigned and required of my position, including attending regularly scheduled and/or unscheduled meetings as necessary. I understand that telecommuting days will need to be adjusted in order to accommodate meeting requests and/or other work responsibilities at the regular workstation.
- 3 I understand that I will abide by all University of Connecticut policies and procedures during the life of this arrangement.

I acknowledge, understand and will abide by these terms.\*

**ALTERNATE WORK LOCATION**

I will work from the following location during this telecommuting agreement, should a change in work location be required, I will revisit this agreement with my supervisor.

Address Line 1:\*

Address Line 2:\*

City:\*

State:\*

Zip Code:\*

Contact information at this location:

Home Phone:\*

Cell Phone:\*

Fax Number:

Other:

**COMPENSATION, BENEFITS & WORK SCHEDULE TERMS & CONDITIONS**

Should you have any questions regarding this acknowledgement, please discuss them with your supervisor prior to submitting this form.

1 This arrangement shall not be the basis for any claim regarding mileage or travel reimbursement or any benefit that would not be provided at the regular workstation. My salary, job responsibilities, benefits, rights and insurance coverage remain subject to the applicable University of Connecticut policies.

2 Business telephone calls made from the alternate worksite will be paid for as follows:

Choose Item From List:

Comment:

Paid for personally

Paid for by Department

Paid for by grant

3 For the purpose of defining the work schedule during which the University has liability for job-related accidents or illnesses and during which workers' compensation laws apply; my work hours will conform to the work schedule agreed upon and described below:

Term: Effective Start Date:  Effective End Date:  Comments:

	Work Onsite:		Work Offsite:		Comments
Monday	<input type="text"/>	to	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tuesday	<input type="text"/>	to	<input type="text"/>	<input type="text"/>	<input type="text"/>
Wednesday	<input type="text"/>	to	<input type="text"/>	<input type="text"/>	<input type="text"/>
Thursday	<input type="text"/>	to	<input type="text"/>	<input type="text"/>	<input type="text"/>
Friday	<input type="text"/>	to	<input type="text"/>	<input type="text"/>	<input type="text"/>

I acknowledge, understand and will abide by these terms.\*

## WORK SPACE, EQUIPMENT & SUPPLIES TERMS & CONDITIONS

Should you have any questions regarding this acknowledgement, please discuss them with your supervisor prior to submitting this form.

Please Note: University equipment items with a cost under \$5,000 that have a life of one or more years, and that should be identified and controlled due to their sensitive, portable, and theft-prone nature are defined as "Controllable Property Assets". According to the State of Connecticut Property Control Manual issued by the Office of the State Comptroller, Controllable Property assets must be identified and inventoried on a regular basis.

University "Controllable Property Assets" include: ALL computers (desktops, laptops, iPads, and Notebooks) and may also include other types of equipment deemed by the department to be controllable such as audiovisual equipment, televisions, projectors, communication equipment, cellular phones, data processing equipment, computer peripherals, scanners, and cameras.

Please see your department administrator to ensure University property in your possession has been appropriately inventoried prior to using it at your alternate worksite.

- 1 I understand that the University retains the right to make on-site inspections of the work area to ensure that appropriate working conditions exist during the term of this telecommuting agreement. These inspections will be prearranged at a time agreed upon by both parties or given 24-hour notice.
- 2 I understand that on-site visits by the University of Connecticut may be made for the purpose of retrieving or repairing equipment, work documents and other agency property.
- 3 Any equipment or supplies purchased by the University of Connecticut and used at the alternate work location will remain the University's property and must be returned at the conclusion of the telecommuting period. University owned equipment at the alternate location may not be used for personal purposes.
- 4 If I use University provided software I must adhere to the manufacturer's licensing agreements, including the prohibition against unauthorized duplication.
- 5 Out-of-pocket expenses for supplies normally available through the University will not be reimbursed.
- 6 The University does not assume responsibility for damage or wear of personally owned equipment or supplies used while telecommuting.
- 7 I must take all precautions necessary to secure privileged information and prevent unauthorized access to any University system.
- 8 I will use the following equipment in my home/alternate work site:

Work Equipment Item 1: (enter value or none)

Work Equipment Owner: Personal Property  
University Property

Work Equipment Item 2:

Work Equipment Owner: Personal Property  
University Property

Work Equipment Item 3:

Work Equipment Owner: Personal Property  
University Property

I acknowledge, understand and will abide by these terms.

**FINAL AGREEMENT:**

I understand and agree that:

*Via submission of this form (or by signature on paper form), I agree telecommuting is strictly voluntary and may end without cause, by either party. This arrangement may be terminated by the University upon reasonable notice (minimum of two weeks) unless a performance issue arises whereby participation may be terminated immediately. Management reserves the right to modify this arrangement at any time in order to ensure the responsibilities of the department are met. Nothing contained in this arrangement conveys nor is intended to convey a contract of employment.*

Employee Digital Signature

Date

Supervisor Digital Signature

Date