

## TELECOMMUTING AGREEMENT

**Employee Name:**

**Job Title or Classification:**

**University ID:**

**Department:**

**Supervisor:**

**Agreement Dates: Begin Date:**

**End Date:**

These conditions for telecommuting are agreed upon by the employee, the supervisor, and the dean, director or department head.

### 1. TASKS

The following are typical assignments that the employee will work on at the home/remote work location:

Evaluation Criteria:

### 2. TELEWORK LOCATION

Home       Satellite office       Other (Describe)

Address:

Telephone:

Email:

Fax:

### 3. SCHEDULE

Telework day(s):  Monday     Tuesday     Wednesday     Thursday     Friday

Alternate day(s):

Start:

Finish:

Core hours you can be reached at the telework location:

Total telecommuting hours per day:

How many days a month do you expect to telework?

Dates employee and supervisor will meet to assess the success and continuation of the telecommuting agreement:

#### **4. COMMUNICATION EQUIPMENT**

Business voicemail at campus workstation and email will be used to communicate while telecommuting.

Answering machine       Voice mail       Call forwarding       Fax

Business telephone calls made from the home will be paid for as follows:

UO Credit Card # \_\_\_\_\_ or Employee reimbursement \_\_\_\_\_

Data calls made from home with a personal computer will be reimbursed as follows:

The decision whether to install telecommunications equipment (e.g., cable modem, DSL, telephone lines, etc.) will be made between the supervisor and the employee. If such equipment is installed, the expenses will be handled as follows:

#### **5. OTHER EQUIPMENT**

If University-owned equipment will be used by the employee at the remote work location, the employee and the dean/director/department head must complete, sign and attach an Equipment Loan Agreement for Employees.

No University equipment will be used at the home/remote work location.  
Employee's initials: \_\_\_\_\_ Supervisor's initials \_\_\_\_\_

University equipment will be used at the remote work location and a signed Equipment Loan Agreement for Employees is attached.

#### **6. COMMUNICATION**

Communication between the employee and his/her office (e.g., email, voicemail, etc.) will be handled as follows:

#### **7. ADDITIONAL CONDITIONS**

Additional conditions (if any) agreed upon by the employee and the supervisor are as follows:

#### **8. ADDITIONAL DETAILS**

This agreement is subject to the terms and conditions stated in the UO Telecommuting Policy.

I have read and understand both the Telecommuting Policy (see UO Policy Library) and this agreement. I agree to abide by and operate in accordance with the terms of this agreement, and agree to the duties, obligations, responsibilities and conditions described in the policy. I further understand that effective communication and satisfactory completion of stated objectives are keys to successful telecommuting.

I agree that, among other things, I am responsible for establishing telecommuting hours, observing wage and hour provisions as they apply, furnishing and maintaining my remote worksite in a safe manner, employing appropriate security measures, and complying with all other policies of the University of Oregon. I agree to allow UO to inspect my designated work location (home/remote) at mutually agreed-upon times to ensure that safe

working conditions exist. I agree further to provide access to my work site by any agent of the University of Oregon to conduct post-accident or other investigations.

I agree not to use any UO equipment for private purposes, nor allow family members or friends access to that equipment. I understand UO may pursue recovery for any UO property that is deliberately or negligently damaged or destroyed while in my care, custody and control. I shall promptly return all UO equipment and data documents when requested by my supervisor. I agree to follow all software licensing provisions agreed to by UO.

I agree to notify my supervisor promptly when I am unable to perform work assignments due to equipment failure, illness, or other circumstances. I agree that no business meetings will be held in my home, without specific approval of my supervisor. I agree that travel between the home or remote work location and the primary worksite shall not be reimbursed. I agree that telecommuting is not a substitute for child or dependent care and that other arrangements are necessary for regular dependent care.

I agree that the sole purpose of this agreement is to regulate telecommuting and it neither constitutes an employment contract nor an amendment to any existing contract.

I understand that telecommuting is voluntary and requires management approval. I may stop telecommuting with written notice to my supervisor. I understand that my supervisor may, at any time, change any or all of the conditions under which I telecommute, or may withdraw permission to telecommute.

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

UO APPROVAL

Supervisor Signature \_\_\_\_\_

Date \_\_\_\_\_

Dean, Director, Dept. Head Signature \_\_\_\_\_

Date \_\_\_\_\_

Department of record retains original document and submits photocopy to Human Resources