

TELECOMMUTING AGREEMENT

Effective Date: _____

Employee Name: _____ Job Title or Classification: _____

Department: _____ Supervisor: _____

TASKS

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

Evaluation Criteria:

TELEWORK LOCATION

Home Satellite office Other (Describe)

TELEWORK ADDRESS:

Telephone:

Email:

Fax:

SCHEDULE

Telework day(s): Monday Tuesday Wednesday Thursday Friday

Alternate day(s):

Start: _____ a.m./p.m. _____ Lunch a.m./p.m. _____ Finish a.m./p.m.

Core hours you can be reached at the telework location: _____ a.m./p.m. to _____ a.m./p.m.

How many days a month do you expect to telework? _____ Days

COMMUNICATION EQUIPMENT

Employee agrees to have the following communication equipment at the telecommuting location:

____ 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 a telephone line to the home for a personal computer will be made between the supervisor and the employee. If such a line is installed, the expenses will be handled as follows:

OTHER EQUIPMENT

The following University equipment will be used by the employee in the home or remote work location:

Item: _____ Owner: _____

Item: _____ Owner: _____

Item: _____ Owner: _____

Item: _____ Owner: _____

Item: _____ Owner: _____

Item: _____ Owner: _____

AGREEMENT

I have read and understand the Telecommuting Policy 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 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 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 the Office of Human Resources