

IT Security Certification
I certify that I have/will contact the IT security liaison for my organizational unit to ensure compliance with the SecureRemote Access Guidelines before I can begin telecommuting.
Employee Signature and Notice of Intent to Collect Private Information
I understand it is my responsibility to maintain the safety and appropriate arrangement of my offsite workspace if it is my home. I certify that my responses to the checklist are true and completed to the best of my knowledge. I understand any erroneous, misleading, or fraudulent information is sufficient grounds for my preclusion from telecommuting. Further, I acknowledge that I must provide the address of my telecommuting location and any contact information for that location, including home phone and/or personal cell phone. If such information changes, I have an affirmative duty to inform my supervisor of the updated telecommuting address and phone number before the move. Failure to provide this information initially and after any change will result in me being unable to telecommute. This contact information may be shared with human resources, executive leadership, agency safety staff, agency supervisors, and any other agency or state employee with a business need to access this information.
Telecommuting Special Conditions and Additional Agreements
I agree that I am responsible for attending all required meetings, unless my supervisor approves otherwise.
I agree to be available and accessible during the telecommuting scheduled hours for customers, co-workers, and supervisors/managers. Regardless of my telecommuting arrangement, I can be required to report to the office location at any time with or without advance notice.
I understand that all personal activities, including child and dependent care, pet care, housework, yardwork, personal errands, etc., should be done only during established break times, lunch time and before and after work hours. I understand and agree that I am prohibited from providing dependent care (either to a child or an adult) while working at the alternate work location.
I understand that telecommuting agreements are not transferable from one position to another, and this agreement is valid only for my position at the time the agreement is signed.
I agree to return all university equipment, supplies, material documents and/or other property immediately upon request, termination of participation in the telecommuting program and/or termination of employment.
I understand that working hours cannot coincide or overlap with any other type of employment.
I agree to inform my manager or supervisor any time there is an actual or suspected security issue that arises during my work at an alternate workplace.
I understand that the university is not liable for any damages to my personal or real property while I am performing official duties at my alternate workplace.
I agree that I will not conduct any face-to-face University business at my telework location.
I agree to immediately report to my manager or supervisor any work-related injuries that occur while in the telecommuting arrangement.
I agree to provide certificates of my homeowners' or renters' insurance and to submit any renewal or changes as needed, if requested.
I agree that it is my responsibility to ensure compliance with any local zoning ordinances related to working at home or maintaining a home office.
I agree that any tax implications of telecommuting entirely my responsibility as the telecommuter. <i>Telecommuters are encouraged to seek professional advice in this area.</i>

Individual Plan (This section not required if telecommuting is part of Campus/College/Division Plan) *Please attach additional pages as needed.	
1. Does the employee have all characteristics required to be a successful commuter (see Telecommuting Request Form)? ___ Yes ___ No	
2. What makes this position appropriate for telecommuting?	
3. Please indicate whether employees participating in this plan will be: ___ 100% Remote ___ Combination (Remote at times and in the office at times)	
4. How will productivity and performance be measured while the employee is telecommuting?	
5. Please estimate cost to implement telecommuting for this employee. (i.e. costs may include laptop computers, increased travel costs, VPN, or remote meeting software)	
6. Please estimate savings related to telecommuting. Savings may include space savings (i.e., lease payments, parking costs), furniture, utilities, or savings related to equipment (i.e., desktop computers and landlines, etc.)	
7. Describe how efficiency will be improved by allowing telecommuting.	
Employee Agreement	
I have read and understand the contents of this Telecommuting Agreement and the university's telecommuting policy and fully understand issues regarding: pay, attendance, advancement, leave, overtime, office location, liability, workers compensation, operating costs, safety, evaluation, termination of agreement and equipment maintenance. I agree to abide by all of the requirements of the policy and of this agreement.	
Employee Signature:	Date:
Authorization	
The above-named employee has met all of the terms and conditions of the university's telecommuting policy, and approval is granted for the employee to participate in accordance with the agreement set forth above.	
Supervisor Signature:	Date:
Supervisor Title:	
Senior Leadership Signature (Dean/VP/Vice Chancellor):	Date:
Senior Leadership Title:	