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| **Employee Information** |
| **Employee Name:**  | **Employee ID:**  |
| Department:       | Supervisor:       |
| Job Title:       | Supervisor Email:       |
| Email:       | Phone:       |

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| **Duration:** |
| You are authorized to work from home effective:       |
| The duration of this telecommuting agreement is anticipated to be until:       |

Expenses associated with attending staff meetings and supervisory meetings in Oshkosh are your responsibility. Under this agreement, the quantity, quality and timeliness of your work must be maintained or enhanced. The agreement is subject to the following terms and conditions:

1. You agree to be available via teleconference or in-person meetings as needed, during normal business hours.
2. You will work with the office support staff to be available to them as needed regarding any work projects.
3. You are responsible for submitting time sheets online by the last day of each pay period for verification and approval. You will need to work with your supervisor to set an appropriate arrangement for monitoring your work load and project completion.
4. You are responsible for any additional costs that result from working at home, including utilities, long distance telephone charges, internet access, etc.
5. No computer support will be provided by UW Oshkosh Office of Academic Computing.
6. You agree to abide by the UW Oshkosh policies covering information, security, software, licensing, and data privacy as well as the requirements of applicable state and federal government statutes.
7. All work rules apply
8. During work hours and while performing work functions in the designated work area of the home, you are covered by worker’s compensation.
9. You must consult with your insurance agent about working in the home/destination. Please affirm via a certificate of insurance (to be provided to Human Resources) that your present homeowner’s coverage is adequate for your telecommuting assignment during your policy period. This certificate should state that you have disclosed to your insurer that you will be telecommuting and coverage has been extended with this knowledge.

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| **Expected Telecommuting Days:**  |
| Days: | [ ]  Monday | [ ]  Tuesday | [ ]  Wednesday | [ ]  Thursday | [ ]  Friday |
| **Hours:**  |
| Start Time: |       |       |       |       |       |
| Finish Time: |       |       |       |       |       |

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| **Designated Work Area address:** | **Alternate Work Area Address:** |
|       |       |
| Employee Residence? [ ]  Yes [ ]  No | Employee Residence? [ ]  Yes [ ]  No |

**You must obtain supervisory approval before taking leave in accordance with established office procedures. Approval of this work from home arrangement may be withdrawn at any time and for any reason, and this agreement will be continually monitored and reviewed by your supervisor.**

Please indicate your understanding and acceptance of these conditions by signing in the space below:

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| **Employee Agreement:**  |
| I have read and understood the contents of this telecommuting agreement, this Telecommuting form, and the University telecommuting policy. I agree to abide by all of the requirements of the policy and of this agreement. |
| **Employee Signature:** | Date: |
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| **Signatures – Obtain Dean/Director and Supervisor signatures then route to Human Resources** |
| Supervisor | Date | Approval [ ]  Yes [ ]  No |
| Dean/Director | Date | Approval [ ]  Yes [ ]  No |
| Human Resources | Date | Approval [ ]  Yes [ ]  No |
| Vice Chancellor | Date  | Approval [ ]  Yes [ ]  No |

Cc: Employee

 Supervisor

 *Original in Personnel File, Human Resources*