



**EMERGENCY TELECOMMUTING AGREEMENT**

Employee Name: \_\_\_\_\_ Title: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Department: \_\_\_\_\_

This document specifies the details of an individual’s telecommuting work arrangement with their supervisor.

**This Telecommuting Agreement may be discontinued by either the employee or the institution at any time without cause.**

**1. Telecommuting Work Hours, Designated Workplace, Accessibility, & Work Performed**

a. Telecommuting Days

- Participation in the Telecommuting Program will begin on: \_\_\_\_\_

b. Telecommuting Hours

- Core working hours at home: \_\_\_\_\_ to \_\_\_\_\_ and \_\_\_\_\_ to \_\_\_\_\_

c. Designated Workplace

- Work location address on telecommuting days: \_\_\_\_\_

d. Alternate work site in the event the above designated workplace is not available:

\_\_\_\_\_

e. Description of work being performed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The employee should take personal leave time to accommodate personal business at their home and they should notify their supervisor of this leave time.

All UWS Workplace Expectations apply to the telecommuting employee. All injuries should be promptly reported by the employee to the supervisor.

**Human Resources**

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**2. Communication and Accessibility**

- a. Telephone coverage when telecommuting
  - Employee's Telecommuting Phone Number: \_\_\_\_\_
  - Employee and supervisor authorize the following people to have this number and to contact the employee for business purposes only on telecommuting days:  
\_\_\_\_\_  
\_\_\_\_\_

- b. Employee will call-in on telecommuting days to:  
\_\_\_\_\_ Supervisor  
\_\_\_\_\_ Designated Coworker: \_\_\_\_\_  
\_\_\_\_\_ Other: \_\_\_\_\_  
\_\_\_\_\_ Not Applicable

- c. Electronic Mail  
The telecommuter shall use E-mail when working at home: \_\_YES\_\_NO

**3. Confidentiality of Data & Records Management**

The employee shall take all necessary measures, including those listed below, to ensure confidentiality of data and to preserve and retain records:

- Comply with all State Laws, Administrative Codes, Regent Policies, UW System policies and local institution policies regarding record retention, storage, and confidentiality.

- Other:  
\_\_\_\_\_  
\_\_\_\_\_

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**4. Signature**

I understand and agree to the terms and conditions of this authorization. I also understand that any changes in the work arrangement must be in writing and must be signed by the employee, supervisor, appropriate management representative, and the Office of Human Resources.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

College Dean/Unit Director: \_\_\_\_\_ Date: \_\_\_\_\_

**Personal Waiver of Liability**

In consideration for being allowed to work at home, and except as otherwise provided by law, I and my heirs and assigns hereby agree to release the State of Wisconsin, the University of Wisconsin System, UW-Oshkosh and all its officers, employees, and agents from any and all liability, including claims, demands, losses, costs, damages, and expenses of every kind and description including injury, death, or damage to my property, which arises out of, in connection with, or occurs during my participation in this program.

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Provide copy of completed form to employee, retain a copy in department, and forward original to Human Resources electronically via the hroffice@uwosh.edu email address.**

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