

APPENDIX D - Telecommuting Agreement



UW Superior Short-Term Telecommuting Agreement

Employee Name:	
Employee Email:	
Employee Title:	
Supervisor Name:	
Supervisor Email:	

Telecommute Assessment and Inventory

Telecommuting Work

This section is to document and understand the work that will be done while telecommuting and the resources that are needed to get the work done

What work assignments will the employee perform at the telecommuting site? (e.g. policy updates, online data entry, email)
Itemize the specific applications needed to perform functions of the job: (e.g. HRS, Peoplesoft, Microsoft Suite)
Identify specific data and data storage locations need to perform job functions: (e.g. One Drive, Iron Drive, Goldeye Drive)
What support services will the employee need (if any) at the telecommuting site, and how will these be provided?
What records will the employee keep at home, if any, and how will they be handled?

Telecommuting hours and workspace

This section is to understand what the hours of telecommuting are expected to be and the physical workspace

Date telecommuting work will begin
Date telecommuting work will end
What are the days of the week and hours of those dates you are planning to telecommute? (e.g. Monday through Friday 7:45 a.m. - 4:30 p.m. with 45-minute lunch)
Will the days noted above be on a regular basis?
Street address of where work will be done on telecommuting days
Please briefly describe the room of where work will be done while telecommuting and whether it is a private room or a portion of another room (e.g. dining room, private home office)

Contact information

Contact information for employee, how work phone calls will be handled, and information to be shared

Home or cell number where you can be reached during telecommuting hours
How will calls from your work phone be handled? (e.g. forwarded from your work line, coworker taking calls and forwarding messages, checking voicemails remotely)
Authorized people who can have your home or cell number

As an employee of University of Wisconsin – Superior, I will:

1. Notify my supervisor and Human Resources if I move or change my alternative workplace
2. Notify my supervisor right away if I become hurt while telecommuting. UW-Superior reserves the right to inspect the premises with reasonable notice post injury. UW-Superior also reserves the right to investigate circumstances associated with third-party subrogation claims
3. As requested, supply a certification of insurance coverage
4. Refrain from doing at-home activities while telecommuting, including:
 - a. Non-work activities, including basic homemaking tasks such as dishes, laundry, etc.
 - b. Meetings and visitors, unless pre-approved and kept to a minimum. Most meetings should take place online or at the university
5. Take personal leave time to accommodate personal business and notify my supervisor of this personal time taken

6. Adhere to work rules that apply to my telecommuting arrangement
7. Use university email
8. Be responsible for providing all telecommunications, workspace, and equipment needed for short term telecommuting and accept sole responsibility for these costs. I am responsible for ensuring that my computer and/or internet connection to any UW System network complies with all IT security requirements of the UW System and UW-Superior
9. I will comply with all State Laws, Administrative Codes, Regent Policies, UW System policies, and local institution policies regarding record retention, storage, and confidentiality

By signing below, I agree I have received, read, understand and will abide by the Telecommuting Policy and Procedures, I will participate and complete program training, surveys, and other evaluation measures.

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- Superior 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 agreement.

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

Employee Signature		Date	
Supervisor Signature		Date	
Chancellor Cabinet Signature		Date	
Human Resources Signature		Date	
Chancellor Signature		Date	