



**TELECOMMUTING REQUEST & WORKSHEET**

The success of telecommuting is dependent on it being a mutually beneficial arrangement for the University, the unit/department, and the employee. This form is to be completed by the employee who is requesting a telecommuting arrangement. The form is designed to facilitate a positive discussion between the supervisor and the employee. It is important that all questions are answered and the director/chair and employee review the answers together to determine feasibility. Telecommuting is not considered a right of employment. In the event that the director/chair and employee cannot reach agreement regarding the feasibility of telecommuting, the request is denied.

NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

POSITION: \_\_\_\_\_ UNIT/DEPARTMENT: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_ DIRECTOR/CHAIR: \_\_\_\_\_

DATE SUBMITTED TO SUPERVISOR: \_\_\_\_\_

REASON FOR REQUEST TO TELECOMMUTE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe your current work schedule and include your length of time in the position.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



3A

After reviewing each item listed below, circle the letter that best correlates to your job position. The range follows:  
H = high; M = medium; L = low.

- |   |   |   |   |
|---|---|---|---|
| a. Amount of face-to-face communications required.  | H | M | L |
| b. Amount of in-office reference material required.   | H | M | L |
| c. Amount of physical access to special resources required.   | H | M | L |
| d. Need for physical security of data.  | H | M | L |
| e. Frequency of unexpected changes in work schedule, tasks or request.  | H | M | L |
| f. Amount of time spent working at a terminal or PC.  | H | M | L |
| g. Availability of quantitative measures for assessing performance (number of reports, forms, cases completed, etc.). | H | M | L |
| h. Clarity of objectives for a given work effort.   | H | M | L |
| i. Autonomy.  | H | M | L |
| j. Ability to “group” required face-to-face communications into predetermined time periods.                           | H | M | L |
| k. Ability to control and schedule work flow.   | H | M | L |
| l. Ability to “group” in-office reference/resource requirements into predetermined time periods.                      | H | M | L |
| m. Degree of clear, well-defined work objectives.   | H | M | L |

## TELECOMMUTING WORKSHEET

Describe the telecommuting work site, including arrangements to maintain the confidentiality and security of the records, reports and data.

Describe your availability for staff meetings, discussions with co-workers and supervisor, and other group times.

Identify any distractions or obligations that might make working at the telecommuting site difficult and your plans for handling these.

If you are supervising others, describe how you will maintain those responsibilities and ensure connectedness with those you supervise. Address subordinates' abilities to work independently.

Address how service may be affected.

How will you insure that the telecommuting arrangement does not inadvertently have a negative impact on your colleagues or their workload?

Identify the equipment you have available at the telecommuting site.

computer/terminal

printer

high-speed internet connection

additional telephone line

software

desk and chair

filing cabinet

photocopier

fax

internet access service

long distance service

other (please specify): \_\_\_\_\_

Identify the equipment you will need at the telecommuting site:

After completing the above, submit the document to your supervisor and schedule an appointment to discuss your telecommuting request. Telecommuting may not take place until all required signatures are obtained on the Telecommuting Agreement.



**TELECOMMUTING AGREEMENT**

**Scope and Duration of Agreement**

Telecommuting is available to employees deemed eligible by the University of Wisconsin-Superior. There exists no right to telecommute. Telecommuting Agreements are granted at the discretion of UW-Superior. This Agreement will allow the employee to divide work time between a telecommuting workplace and the office workplace.

This Agreement is established between the University of Wisconsin-Superior, Unit/Department of \_\_\_\_\_ and \_\_\_\_\_ (employee)

Subject to final approval, this Agreement shall become effective as of \_\_\_\_\_ and shall remain in effect until \_\_\_\_\_ (not to exceed 12 months), or as modified or rescinded by the Unit Director/Department Chair, employee, or university administration. In the event that either the University or the employee needs to withdraw from the Agreement, a four-week notice shall be given unless a work place emergency necessitates immediate suspension. Normally, if the University needs to withdraw from the Agreement, it will give the employee four weeks notice. However, the University retains the right to suspend the Agreement at any time.

Every three months or upon the request of the director/chair or university Administration, the Agreement will be reviewed by the director/chair and employee.

Employee Name: \_\_\_\_\_  Classified  Unclassified

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

Home Phone: \_\_\_\_\_ Home Fax: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Remote Work Address: \_\_\_\_\_

Remote Workplace is:  employee residence  other location

Remote Workplace schedule (days and hours of work): \_\_\_\_\_  
*Include attachment if necessary*

Period of time covered by this agreement: \_\_\_\_\_  
(cannot exceed a 12-month period)

**Equipment provided by University while Telecommuting (include additional pages if needed):**

<b>Description</b>	<b>ID Number (if applicable)</b>

This Agreement is subject to the following conditions being met on a continuing basis:

- The employee agrees to adhere to the provisions set forth in the attached Telecommuting Guidelines.
- The telecommuting work arrangement does not interfere with normal interactions with supervisor, fellow employees, and students.
- The telecommuting work arrangement does not adversely affect the ability of other employees to perform their work.
- The employee ensures his/her accessibility to staff who maintain traditional hours.
- Personal leave (vacation and sick leave) is handled in the same manner as prior to the telecommuting agreement.
- The employee agrees to and follows an established work schedule.

Other conditions of agreement: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

My signature below indicates that I have read and accept the terms and conditions defined in the UW-Superior Telecommuting Guidelines.

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

I agree that this employee may telecommute or work at a designated remote work location as identified in the terms and conditions of this agreement.

Director/Chair: \_\_\_\_\_ Date: \_\_\_\_\_

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Comments: \_\_\_\_\_

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

Director/Chair's supervisor (if not a Cabinet Officer): \_\_\_\_\_ Date: \_\_\_\_\_

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Comments: \_\_\_\_\_

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

Director of Human Resources (Classified Staff Only): \_\_\_\_\_ Date: \_\_\_\_\_

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Comments: \_\_\_\_\_

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

Cabinet Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Comments: \_\_\_\_\_

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

Provost: \_\_\_\_\_ Date: \_\_\_\_\_

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Comments: \_\_\_\_\_

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

Please submit the completed form to the Director of Human Resources, Old Main 201. A copy of the completed form should also be forwarded to the Chancellor.