

UTC Telecommuting Arrangement Agreement Form

The purpose of this form is to document expectations associated with a Telecommuting Arrangement approved in advance by the Unit Head with review and approval of the appropriate College Dean/Major Unit Head and Division Vice Chancellor before execution. Telecommuting agreements must be established in accordance with the UTC Telecommuting Arrangement Guidelines.

Employee Name:

Personnel Number:

Position Title:

Supervisor's Name:

Department:

Division:

Classification Status: ____ Exempt ____ Non-Exempt

Arrangement Requested By: ____ Employee ____ Supervisor

Reason for Telecommuting Arrangement Request:

____ Temporary Need to Care for Self or Others (e.g., children, spouse, elders, etc.)*

____ Medical Reasons*

____ Inclement Weather

____ Unit Operational Needs

____ University Continuity Planning in Response to Emergency Situations

____ Other. Please briefly describe:

Justification for Telecommuting Arrangement Request (Brief Description):

*Employees and supervisors should contact the Office of Human Resources to determine if formal leave procedures should be initiated when a *Temporary Need to Care for Self or Others* or *Medical Reasons* is selected as the basis for consideration of a Telecommuting arrangement.

Timeline

Proposed Start Date: _____ Proposed End Date: _____

Comments:

Telecommuting Arrangement Decision Guide completed and documented? ____ Yes ____ No

Considerations for Essential-Services Personnel:

If a Telecommuting Arrangement is being established for an essential-services personnel member, then please identify the following work schedule(s) that may be required of the employee for university continuity planning in response to emergency situations (choose all that may apply):

☐ Work on Campus

☐ Serve in an On-call Capacity to return to campus as needed

☐ Work Remotely

Telecommuting Arrangement Details and Performance Expectations

The following sections may be used to guide administrators in establishing expectations for employees when performing work from a remote location.

Proposed work Schedule – Outline work days/hours required of the Telecommuting schedule

Duties to be performed – List of duties, if different from full portfolio of work outlined in position description, to be performed remotely in telecommuting arrangement

Equipment required to perform duties remotely - Include serial numbers, if applicable, of University-owned equipment that will be removed from campus for work from a remote location

Communication Expectations – List expectations for how the employee will communicate regularly with their supervisor, team members, customers, etc. to include expectations for attending meetings remotely or those that may require in-person attendance

Other Expectations – to include responsiveness requirements, daily/weekly work reports, etc.

Administrative Signatures of Approval/Acceptance

_____	_____
Unit Head	Date

_____	_____
Dean/Major Unit Head (if applicable)	Date

_____	_____
Division Vice Chancellor	Date

Employee Signature of Approval/Acceptance

I have read and understand the Telecommuting Arrangement Agreement and accept the terms and conditions as outlined. I understand that University administration has the right to change or discontinue this arrangement at any time.

_____	_____
Employee	Date