University Telecommuting Agreement

updated 2-16-15

This is an agreement between _____ ("Employee") and

_____ ("Department") to establish the parameters of a

telecommuting agreement.

1. Telecommuting is established on the following basis:

   ☐ Regular

      The established telecommuting days are:

      ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

      The established telecommuting hours are:

      M:_____ T:_____ W:_____ Th:_____ F:_____

   ☐ Occasional

      Employee will provide _____ business days' notice when telecommuting will be performed.

   ☐ Emergency

2. This telecommuting arrangement will begin on: _____ and continue until: _____, or

   until ended by written notice by either the Employee or the Department.

3. The alternative work site address is: _____

4. The Department will furnish the following equipment / supplies, and they will be returned to the Department

   within _____ business days of the conclusion of this Agreement:

   _____

   _____

5. The duties and assignments that are authorized to be performed at the alternate worksite are:

   _____

   _____

6. The following methods and frequency of communication are agreed to:

   _____

   _____

7. Other relevant details not covered specifically in this Agreement:

   _____

   _____

University Telecommuting Agreement (continued...)

This is not a contract of employment between Rutgers University ("university") and the Employee and this does not provide any express or inherent rights to continued employment. This Agreement does not alter or supersede the terms of the existing employment relationship.

I have read and understand the Telecommuting Policy and I agree to the duties, obligations, responsibilities and conditions described in the Policy.

I understand and agree that effective communication and satisfactory completion of stated duties and assignments are keys to successful telecommuting. I further agree that, among other things, I am responsible for furnishing and maintaining my remote worksite in a safe and professional manner; employing appropriate information protection and security measures; and complying with all other policies and guidelines of the university. I agree to provide access to my work site upon reasonable notice by any agent of the university to conduct inspections as may be deemed necessary.

I agree not to use any university equipment for private purposes, and not to allow family members or friends to access that equipment. I understand that the university may pursue recovery for any University property that is deliberately or negligently damaged or destroyed while in my custody. I shall promptly return all university equipment and data when requested by my supervisor, and agree to follow all software licensing provisions agreed to by the university. I certify that equipment utilized for telecommuting meets the university's telecommuting security standards. I understand that university data that resides on my workstation is owned by the university and subject to existing laws and policies governing the university.

I agree to notify my supervisor promptly when I am unable to perform work assignments due to equipment failure, illness, or other circumstances. I agree that no business meetings will be held in the remote work location without specific approval of my supervisor. I agree that travel between the Alternate Work Location and the regular Work Location shall not be reimbursed. I also agree that telecommuting is not a substitute for child or dependent care and that other arrangements are necessary for care of dependents that are present in the Alternate Work Location.

I understand that telecommuting is a privilege that requires the approval of my department, which may be withdrawn or modified at such time as the department deems appropriate, and that any modifications to this arrangement must be set forth in writing. I also understand that except when established for emergency situations, I may end this telecommuting arrangement upon written notice to my supervisor.

FOR THE UNIVERSITY:

_____   _____
Employee Signature   *Approver Signature*

_____   _____
Date   *Date*