##### UC ANR TELECOMMUTING AGREEMENT

 **Date Submitted**:

|  |  |
| --- | --- |
| **Name:**       | **Title:**       |
| **Current Status:**  | [ ]  Full Time  | or | [ ]  Part Time  | [ ]  Exempt | or | [ ]  Non Exempt |
| **Department:**       | **Supervisor/Manager’s Name:**       |

This Agreement specifies the conditions applicable to an arrangement for performing work at an alternate workplace on a regular basis. The agreement begins on       and continues until      . The agreement can be terminated with at least two weeks’ written notice by either party (timeline is subject to management discretion). I understand that all obligations, responsibilities, terms and conditions of employment with the University remain unchanged, except those obligations and responsibilities specifically addressed in this Agreement.

###### **I. PROPOSED WORK SCHEDULE**

A. **Department** - Days and hours when the employee is normally expected to work on-site are:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|   | MON | TUE | WED | THUR | FRI | SAT | SUN |
| Hours |       |       |       |       |       |       |       |
| Time In/Out\* |       |       |       |       |       |       |       |

\*Non-Exempt employees must record actual time agreed upon to work

B. The alternate workplace is located at:

C. **Alternate Workplace** - Days and hours when the employee will normally work off-site.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|   | MON | TUE | WED | THUR | FRI | SAT | SUN |
| Hours |       |       |       |       |       |       |       |
| Time In/Out\* |       |       |       |       |       |       |       |

 \*Non-Exempt employees must record actual time agreed upon to work.

D. Additional hours involving overtime (for non-exempt employees only) at any workplace must be approved in advance by the supervisor.

###### **II. DUTIES/ASSIGNMENTS**

 I recognize that the supervisor reserves the right to assign work as necessary at any workplace.

 A. Duties and assignments authorized to be performed at this alternate workplace are:

###### **III. COMMUNICATION**

I recognize that effective communication is essential for this arrangement to be successful, and I agree to remain accessible during designated work hours, and understand that management retains the right to modify this Agreement on a temporary basis as a result of business necessity.

 A. The following methods and times of communicating are agreed upon:

[Specify: **who** (include back-up and emergency contacts), **when, how often, during what time frames, and how** (phone, text, e-mail, Skype, fax, etc.)]

###### **IV. SPACE /EQUIPMENT/RECORDS**

* I agree to use University-owned records, and materials for purposes of University business only, and to protect them against unauthorized or accidental access, use, modification, destruction, loss, theft, or disclosure. I understand that although I may be permitted to use the University-owned equipment for incidental personal use, such use shall not interfere with the business use of the equipment.
* I agree to report to the supervisor instances of loss, damage, or unauthorized access at the earliest opportunity.
* I agree to return University equipment, records and materials within 14 days of termination of this agreement.
* I understand that all equipment, records and materials provided by the University shall remain the property of the University.

Include an inventoried list of all University equipment to be used including serial numbers or other identifying characteristics (e.g. model numbers).:

## V. SAFE WORKING ENVIRONMENT

* I agree to maintain a safe and secure work environment.
* I understand I am responsible for arranging the off-site workspace in an ergonomically sound manner, and that Environment Health and Safety is available as a resource to provide me information on a safe and ergonomically sound work environment.
* I agree to allow the University access to assess safety and security, upon reasonable notice.
* I agree to report any work-related injuries to the supervisor at the earliest opportunity.
* I agree to hold the University harmless for injury to others at the alternate workplace.

## VI. OTHER

* I understand that my personal vehicle will not be used for University business unless specifically authorized by the supervisor. If approval is received and pursuant to UC Business and Finance Bulletin G-28, I agree to maintain throughout the term of this agreement and at my own cost and expense, a policy of auto liability insurance with limits of $50,000 per accident, $100,000 per occurrence, and $50,000 property damage.
* I understand that I am responsible for tax consequences, if any, of this arrangement, and for conformance to any local zoning regulations.
* I understand that UCOP is not obligated to approve a proposal for a telecommuting work agreement for any employee. The decision is at the discretion of my department head/supervisor/manager. This agreement and work schedules are subject to ongoing review and may be subject to modification or termination at any time based on performance concerns or business needs. Generally, business needs permitting, the supervisor/manager or the employee should give at least 14 days’ notice in advance of ending or changing an arrangement.

## I hereby affirm by my signature that I have read this Telecommuting Agreement, and understand, agree to, and will abide by all of its provisions.

##

## Employee Signature Date

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## County Director or Supervisor Signature Date

##

##  Date