



**University of Utah Campus and Health Academics
Telecommuting Plan and Agreement Form
(Subject to Policy 5-140 and Guideline G5-140A)**

This document is intended to ensure that both the supervisor and the employee have a clear, shared understanding of the employee’s telecommuting arrangement. Each telecommuting arrangement is unique depending on the needs of the position, department, and employee.

This telecommuting agreement is not a contract of employment and does not provide any contractual rights to continued employment. It does not alter or supersede the terms of the existing employment relationship. Telecommuting is neither a universal employee right nor a universal employee benefit; telecommuting is a management option for an alternative work arrangement.

The completed form should be retained in the department for documentation. Additionally, while not required, the form can be sent to University Human Resource Management (askhr@utah.edu).

Employee Information

Employee Name:	
Employee UNID:	
Job Title:	
Job Code:	
Department ID:	
Supervisor Name:	
Supervisor UNID:	
Arrangement requested by:	<input type="checkbox"/> Employee <input type="checkbox"/> Employer
Location where telecommuting will normally be performed:	
Telecommuting arrangement effective dates:	-
I am approved for surge telecommuting only (If approved for surge telecommuting only, you do not need to fill out the work schedule and location section, however the terms of that section still apply.)	Yes ____ No ____

Job Duties

The general expectation for a telecommuting arrangement is that the employee’s work status, job duties and responsibilities will remain unchanged because of telecommuting. If there are telecommuting-specific job expectations or alterations, specify them in the box below, attach additional pages, or enter N/A. It is expected that the employee will continue to meet established job performance expectations while telecommuting.

Sample text: In-person attendance at quarterly divisional meetings is expected.

Work Schedule and Location

The employee agrees to ensure that any alternate worksite is adequate for the work to be performed, as well as safe and ergonomically suitable, and to report work-related injuries to employee’s supervisor immediately, but no later than 24 hours after such injury. Employee agrees to hold the University harmless for injury to others at the alternate worksite.

Day of Week	Work Hours	Work Location (Location code, Bldg, Floor and Room #)
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

Equipment and Technology Access

Employee agrees to protect University-owned equipment and confidential information from unauthorized or accidental access, use, modification, destruction, or disclosure. When accessing, storing, or transmitting confidential information, employee will ensure that the information is encrypted according to Information Security Office standards and [Policy 4-001](#). Specify any equipment or technology access the employee will need to telecommute and whether it will be employee or employer provided. In the event of equipment failure or service interruption, the employee must notify employer immediately to discuss alternate assignments or other options.

Equipment	Provided by	Responsible for loss or damage

Telecommuting Work Arrangement Modification

The employee or the department may end an employee requested telecommuting work arrangement by providing no less than 15 business days’ written notice. This provision does not apply to telecommuting arrangements made through the disability accommodation process. All employee-proposed changes are subject to departmental approval.

Telecommuting agreements should be renewed annually. Any modifications to this agreement should be discussed between the employee and supervisor. Long-term or substantive modifications should be documented by revising this agreement.

Policies and Procedure Acknowledgement

Employee Initials

I have read, understand and agree to adhere to the University of Utah’s Telecommuting Policy 5-140 and Guideline G5-140A and agree to comply with the terms and conditions of the policy and guideline.	
I have read and understand this telecommuting agreement and understand and agree to all of its provisions.	

Employee signature: _____ Date: _____

Supervisor signature: _____ Date: _____