



TELECOMMUTING AGREEMENT FORM

<p>SUPERVISOR/MANAGER INSTRUCTIONS</p> <p>- Submit to SOP HR once all approval signatures are obtained Note: Employee and managers will receive copy via E-mail once final approval is given</p>
<p>FOR HUMAN RESOURCES ONLY</p> <p><input type="checkbox"/> Final approval by SOP HR on: _____ (Date) (HR Director Signature)</p>

Employee Name:		
Job Title:		
Supervisor Name:		
Division/Department:		
<p>Duration: Beginning ____ through ____, you are authorized to perform your job responsibilities as a telecommuter working from a remote work location, unless you move to another position within School of Pharmacy (SOP) or at the University. This agreement and the University's telecommuting policy describe the terms and conditions of this telecommuting arrangement.</p>		
Alternate Work Location Address:		Employee Residence? <input type="checkbox"/> Yes <input type="checkbox"/> No
Alternate Location Phone Number		<input type="checkbox"/> Land Line <input type="checkbox"/> Cell
Scheduled workdays at alternative work location:	<input type="checkbox"/> Monday	From _____ to _____
	<input type="checkbox"/> Tuesday	From _____ to _____
	<input type="checkbox"/> Wednesday	From _____ to _____
	<input type="checkbox"/> Thursday	From _____ to _____
	<input type="checkbox"/> Friday	From _____ to _____
Scheduled workdays at UW-Madison:	<input type="checkbox"/> Monday	From _____ to _____
	<input type="checkbox"/> Tuesday	From _____ to _____
	<input type="checkbox"/> Wednesday	From _____ to _____
	<input type="checkbox"/> Thursday	From _____ to _____
	<input type="checkbox"/> Friday	From _____ to _____
<p>My electronic calendar will be updated and indicate that I am working at an alternate location and will give instructions on how to contact me. Initial _____</p>		
<p>Meetings: As a telecommuter I understand it is my responsibility to attend meetings that may be scheduled on days I work at an alternate location. Telecommuting will not interfere with my availability for meetings. Any arrangements for teleconferencing are to be arranged by me with someone at SOP. Initial _____</p>		
<p>Office Sharing: If employee is telecommuting two or more days a week, they may be required to share an office with another employee. Initial _____</p>		
<p>I understand that my supervisor has the right to contact my coworkers, campus colleagues, and if applicable, students on an annual basis to determine if my telecommuting is impacting their services. Initial _____</p>		
<p>I understand that telecommuting is not to be used for family care. Initial _____</p>		

Please explain why you would like to telecommute.

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Please explain the impact telecommuting will have on your colleagues, including coworkers, and how you plan to address the impact.

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Based on your job tasks, please list the tasks that you propose to regularly do at your alternate work location when telecommuting. If you are dependent on the PC for work, list the tasks that you propose to do if the system is "down".

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University Property Loaned:

***If University property is loaned, send one copy to Risk Management
(Form must be attached to all transactions)**

Quantity	Equipment Description, Model and Serial Number	Replacement Value

Other terms and conditions of telecommuting agreement, if any:

NOTE: The School of Pharmacy will not pay for telephone (land line/cell phone), internet connection, etc. except in unusual circumstances. It is up to the individual who is approved to telecommute to cover costs of these items. Telecommuting is a privilege not an entitlement therefore the Employer should incur no additional costs. In the event SOP pays the partial cost, they have the right at any time to terminate payment.

This agreement does not constitute a contract of employment, and should not be interpreted as creating a contract of employment, either express or implied. This telecommuting agreement may be terminated by the University or the employee at any time and for any reason.

Employee Agreement: I have read the contents of this telecommuting agreement and the University telecommuting policy. I agree to abide by all of the requirements of the policy and of this agreement.

Employee Signature:	Date
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The above-named employee has met all of the terms and conditions of the University telecommuting policy, and approval is granted for the employee to participate in accordance with the agreement set forth above.

Supervisor Approval:	Date
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Department Director/Chair Approval:	Date
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Division Approval:	Date
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UW-MADISON TELECOMMUTING AGREEMENT
Please read, initial each item, and return to SOP HR

As a University telecommuter employee, I understand and agree to the following:

Initial

- _____ 1) I agree to perform services for the University as a Telecommuter/Extended Workplace employee. I understand that this agreement is voluntary and may be suspended or terminated by the University or me.* If the agreement is terminated, a reasonable amount of time will be given for me to transition back to the worksite. I agree to report to my University work location as required by my supervisor, for department meetings, training, etc.
- *If the employee accepts the telecommuting arrangement as a condition of employment when hired into the position, the employee will not be able to unilaterally terminate the agreement.**
- _____ 2) I agree that my duties, obligations, responsibilities and conditions of employment with the University remain unchanged. My salary and benefits remain unchanged.
- _____ 3) I agree that my work hours, compensation and other terms and conditions of employment will conform with university personnel rules and policies, departmental policies, and any applicable union contract.
- _____ 4) I agree to restrict use of University-provided equipment, and supplies located in my remote work site, to the same policies that apply to campus-based equipment.
- _____ 5) I agree to designate a remote workspace. The workspace will accommodate any equipment to be used in my work, and I will protect the workspace from any hazards and dangers that could affect the equipment and me.
- _____ 6) I agree to abide by the University's policies covering information, security, software, licensing and data privacy as well as the requirements of applicable state and federal government statutes.
- _____ 7) In the event of equipment malfunction, I agree to notify my supervisor as soon as practical. If the malfunction precludes me from working on my work assignment, I understand that I may be assigned other work and/or work location.
- _____ 8) With advance notice, I agree that authorized University representatives can make on-site visits to my remote work location to determine that the work area is suitable, safe, and free from hazards and to maintain, repair, inspect, or retrieve University-owned equipment, software, data, and/or supplies.
- _____ 9) I understand that the University will not be liable for injuries to members of my family or any other persons at my home work location.
- _____ 10) I understand that my remote workspace is considered an extension of my University workspace and therefore, I am governed by the provisions of workers compensation. **If I have a job-related accident during my remote work hours, I will report it to my supervisor or other authorized University representative as soon as possible, and in no case more than 24 hours after the accident.**
- _____ 11) I agree that any software, products, documents, reports or data created as a result of my work related activities are owned by the University.
- _____ 12) I agree to return all University-owned equipment, software, products, supplies, documents and data if I leave my employment with the University or am requested to do so by my supervisor. I agree to reimburse the University for any of the foregoing, which is not returned. I further understand that if I leave University employment, any monies owed will be deducted from monies due me.
- _____ 13) I agree to comply with all state laws and University policies, including the Telecommuting/Extended Work Place Policy and the campus electronic communication policies. I understand that failure to comply may result in loss of telecommuting privileges and/or disciplinary measures up to and including dismissal.

- _____ 14) Procurement - I agree to comply with all of Purchasing Services Policies and Procedures. These are listed on the following website: <http://www.bussvc.wisc.edu/purch/purch.html>. The State of Wisconsin and the University currently have several contracts available at the above website, to be used by Telecommuters for the following services/products: e.g. Cellular Telephone Service (Mandatory contract), Paging Service, Computer Technology (computers & printers, etc...), Internet Service, Photocopiers/faxes.
- _____ 15) Accounting - I agree to comply with all Accounting Services policies and procedures. These are listed on the following website: <http://www.bussvc.wisc.edu/acct/acct.html>. This includes the requirement that a detailed receipt or invoice and an approved copy of the Telecommuting Agreement Form must be submitted with each request for payment or reimbursement associated with telecommuting costs. At this time, the State of Wisconsin and the University have receipting and processing requirements to be used by Telecommuters for the following services/products: Cellular Telephone Service (Mandatory contract), Paging Service, Computer Technology (computers & printers, etc...), Internet Service, and Photocopiers/faxes.

Non-Reimbursable Non-Payable Expenses

- _____ 1) I understand that expenses not stated on the Telecommuting Agreement Form and that have not received prior approval from my supervisor and the Dean/Director's Office will be my responsibility.
- _____ 2) I understand that costs related to remodeling and/or furnishing the work space shall be non-reimbursable/non-payable by the UW.
- _____ 3) I understand that normal household expenses such as heating and electricity shall be non-reimbursable/non-payable by the UW.
- _____ 4) I understand that the maintenance/repair of all personally owned equipment shall be non-reimbursable/non-payable by the UW.



TELECOMMUTING AGREEMENT

To be completed by the Employee's supervisor. Please answer all questions fully and return to SOP HR.

1. How will this telecommuting arrangement serve the needs of the department or work unit?
2. How will this telecommuting arrangement serve the needs of the employee?
3. Please summarize the employee's work duties and address how you will measure or assess the work performed as part of this arrangement.
4. Please identify any needed equipment for this arrangement and address its availability and costs.
5. Please summarize employee's current and past job performance, as documented in performance evaluations, including time management, organizational skills, self-motivation, and the ability to work independently.
6. How will this telecommuting arrangement affect other employees in the immediate work unit performing similar responsibilities? Are these employees interested in a similar arrangement?
7. What will be the effect of this telecommuting arrangement on service?
8. What will be the effect of this telecommuting arrangement on the rest of the work group, unit or department?
9. What are the measurable objectives and results mutually agreed to by the employee and the supervisor?
10. Please address any other items you believe are relevant to this arrangement.