MODEL TELECOMMUTING AGREEMENT

Date Submitted: _____

Name: _____ **Title:** _____

Current Status ☐ Full Time or ☐ Part Time ☐ Exempt

Department: _____ **Supervisor/Manager**:_____

Start Date: _____ **End Date:** _____

This Agreement specifies the conditions applicable to an arrangement for performing work at an alternate workplace on a regular basis. The agreement can be withdrawn with 10 calendar days written notice by either party. 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							

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							

II. DUTIES/ASSIGNMENTS

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

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.

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, fax, beeper, face-to-face, etc.)]

IV. SPACE /EQUIPMENT/RECORDS

☐ I agree to use University-owned equipment, 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. Incidental personal use is not to be permitted to interfere with the use of the equipment for University business.

☐ 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 2 business 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.

A. Regarding space and equipment purchase, set-up, and maintenance, the following is agreed upon:

_____

_____

_____

[For each piece of equipment, furniture, phones, etc, specify: purchase, set-up, maintenance, provision of supplies, insurance arrangements (consulting Office or Risk Management as necessary), and remote access solutions, etc.]

V. SAFE WORKING ENVIRONMENT

☐ I agree to maintain a safe and secure 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 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 UCLA 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, either party 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 and agree to all of its provisions.

Please print out your application form to sign it. **Print Form**

_____ _____ _____ _____

Employee Signature Date Supervisor Signature Date

_____ _____

Department Head (or designee) Signature Date