



THE UNIVERSITY  
OF ARIZONA.

Arizona's First University.

## Telecommuting Agreement

**Instructions:** Complete with your supervisor after your telecommuting request has been approved.

Telecommuter name: \_\_\_\_\_ Date: \_\_\_\_\_

### **Dates:**

Date telecommuting will begin: \_\_\_\_\_

Date telecommuting agreement will be reviewed/evaluated: \_\_\_\_\_

Date of annual performance appraisal: \_\_\_\_\_

### **Evaluation/review criteria:**

Identify indicators of successful agreement (schedule, quality of work, productivity, etc.):

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### **Contact information:**

\_\_\_ Telephone number you can be reached at during telecommuter hours: \_\_\_\_\_

\_\_\_ Voice mail/answering machine telephone number: \_\_\_\_\_

\_\_\_ E-mail address at site from which you will be : \_\_\_\_\_

\_\_\_ Other: \_\_\_\_\_

**Telecommuting Work Schedule:**

Day of Week:					
Beginning/Ending Times:					

**Schedule of standing/weekly meetings:**

Day of Week	Time of Meeting	Location of Meeting	Title/Purpose of Meeting	Frequency of Meeting

**Methods of contact:**

CONTACT	IN PERSON	TELEPHONE	E-MAIL	OTHER	COMMENTS (Include frequency)
Clients					
Co-Workers					
Manager/Supervisor					
Others					

**Schedule of availability for contact:**

Day: \_\_\_\_\_ From time: \_\_\_\_\_ To time: \_\_\_\_\_

Day: \_\_\_\_\_ From time: \_\_\_\_\_ To time: \_\_\_\_\_

Day: \_\_\_\_\_ From time: \_\_\_\_\_ To time: \_\_\_\_\_

Day: \_\_\_\_\_ From time: \_\_\_\_\_ To time: \_\_\_\_\_

Day: \_\_\_\_\_ From time: \_\_\_\_\_ To time: \_\_\_\_\_

How will incoming calls directed to you at our office be handled on telecommuting days?

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How often will you check your voicemail at the office?

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Long distance phone charges will be handled as:

By reimbursement upon receipt of telephone bill

No long distance telephone calls are authorized

**Computer information:**

Your access to the department's local area network by means of standard remote access software is approved.

Yes

No

You are authorized to use the following University of Arizona (department name here) equipment at your telecommuting site:

Equipment: \_\_\_\_\_ A #: \_\_\_\_\_

Equipment: \_\_\_\_\_ A #: \_\_\_\_\_

Equipment: \_\_\_\_\_ A #: \_\_\_\_\_

Equipment: \_\_\_\_\_ A #: \_\_\_\_\_

Equipment: \_\_\_\_\_ A #: \_\_\_\_\_

Equipment: \_\_\_\_\_ A #: \_\_\_\_\_

Equipment: \_\_\_\_\_ A #: \_\_\_\_\_

Please Note: University of Arizona equipment shall be returned to the department immediately upon dissolution of this agreement or upon the termination of your employment.

**Telecommuter job duties and responsibilities:**

Describe the specific work assignments to be performed at the telecommuting site.

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NOTE: In case of injury, theft, loss or liability, you are to notify your supervisor immediately. Agents of the University of Arizona are to be permitted to investigate and/or inspect the work site.

**Reimbursement information:**

The University of Arizona will not pay or reimburse you for time involved in travel between your University of Arizona work site and your telecommuting site or any purchase, service charge or cost related to telecommuting that is not specified in the agreement or for which prior supervisory approval is not obtained.

**Termination:**

Unless specified in other arrangements agreed upon by you and your supervisor, the University of Arizona or your supervisor may terminate this agreement at any time.

**Agreement:**

These conditions are agreed upon between (employee name) and (supervisor name) of (department name) at the University of Arizona.

I have read and understand this agreement and the telecommuting guidelines, and agree to abide by and operate in accordance with the terms and conditions described in this agreement. I agree that the sole purpose of this agreement is to regulate the schedule of work and that it constitutes neither an employment contract nor an amendment to any existing contract.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dean/Director/Department Head Signature: \_\_\_\_\_

Date: \_\_\_\_\_