Telecommuter’s Agreement

The employee and manager will work together to complete this agreement. It is designed to help establish a successful telecommuting arrangement. To determine if an employee is eligible to participate in the Telecommuter/Telework program, contact Human Resources at 756-2236.

# Employee/Manager Information *(please print)*

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| --- | --- | --- | --- |
| Employee Name: |       | Position: |       |
| Department/Division: |       | Work Phone: | (     )       |
| Telecommuting |       |  | (     )       |  | (     )       |
| Address: | Street,                   | Phone | Fax |
|  | City, State, Zip Code |  |  |
| Supervisor Name &Title: |       | Work Phone: | (     )       |
| Manager Name & Title: |       | Work Phone: | (     )       |

Terms for Telecommuting

* The employee will telecommute      hours per day,      hours per week,      hours per pay period,

      occasionally (for specific projects as approved by manager, for a short period of time).

* The employee’s work hours of availability when telecommuting will be from       to     . During these hours the employee will respond to telephone calls, e-mail and voice mail at the telecommute address.
* The employee and manager will establish and maintain a work schedule that identifies the hours or day of the week that the employee will be working at home.
* If working at home, the employee will designate one room within the residence as the work location.
* The employee will call into the central office to obtain messages (phone/e-mail) every      hour.

Communication with co-workers and supervisor while telecommuting will be handled as follows:

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|       |

List below, or on an attached page, the type of work the employee will be performing at the telecommute site. Include application software the employee will need to access (e.g. PeopleSoft, ODIN, SIS, PRD, BSR Advance) and the % of time spent as indicated below.

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| --- |
| Type of work to be performed:      |
| Type of application software needed:      |
| % of time spent - Administrative Applications:       | % of time spent – Excel:       |
| % of time spent - E-mail and calendaring:       | % of time spent – Other:       |
| % of time spent - Graphics and Presentation:       | % of time spent – Other:       |
| % of time spent - Word Processing:       |  |
|  |

The University will not pay for the following expenses:

* Maintenance or repairs of privately owned equipment
* Utility costs associated with the use of the computer or home office
* Furniture associated with the use of the computer or home office
* Equipment supplies (should be requisitioned through normal procurement procedures)
* Travel expenses associated with commuting to the campus
* Technical/computer personnel support at the off-site location
* Additional equipment or services without prior specification and authorization

Equipment that the employee will need while telecommuting includes the following:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Equipment | **Need****✓** | **Employee Agrees To Provide** | **Equipment Is Compatible With Campus Equipment**  | **Program Area Agrees To Provide \*** |
| PC or terminal | [ ]  | [ ]  | [ ]  | [ ]  |
| **Printer** | [ ]  | [ ]  | [ ]  | [ ]  |
| **Internet Access** | [ ]  | [ ]  | [ ]  | [ ]  |
| **Charge for extra line/phone service** | [ ]  | [ ]  | [ ]  | [ ]  |
| **Fax machine** | [ ]  | [ ]  | [ ]  | [ ]  |
| **Software** | [ ]  | [ ]  | [ ]  | [ ]  |
| **Other (specify)**  |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

1. All state property that is taken off-campus must be documented through the Property Accounting Office. Contact the Property Accounting Office at 756-2570 or the Fiscal Services/Property Accounting web site (<http://afd.calpoly.edu/FiscalServices/propertyaccounting.asp>).

The University will reimburse the employee for the following (Claims must be submitted on a Travel Expense Claim with appropriate receipts, bills or other verification of the expense):

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|       |
|       |

* Both the manager and the employee understand that off-site/home based telecommuting is a bilateral voluntary option and can be discontinued at the request of either with no adverse repercussions.
* The employee has read and understands the University’s Telecommuting Policy and agrees to abide by the policy. A copy of this Agreement will be placed in the employee’s official personnel file.
* The telecommuter shall carry out the steps needed for good information security in the off-site or home office setting and will follow the University’s security requirements and procedures. The telecommuter agrees to check with her/his supervisor when security matters are at issue. The telecommuter certifies that the telecommuting site is free of obstructions and complies with all building codes and health and safety requirements.
* Three weeks prior to the ending date, the employee and manager will review this Agreement and will decide if its renewal is in the best interest of the campus and the employee. A new Telecommuting Agreement must be completed annually in order to continue participation in the telecommuting program.
* The employee has read and agrees to abide by all University policies, including the Responsible Use of Information Technology Resources and Confidentiality-Security Policies.

### Approval

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| --- | --- | --- | --- |
| **T****erm: This agreement begins on** |  | **and ends on** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Employee | Name      | Extension      | Signature |  | Date |
| Division/Dept/ITS LAN Coordinator | Name      | Extension      | Signature |  | Date |
| Director/Department Head/Chair | Name      | Extension      | Signature |  | Date |
| Supervisor | Name      | Extension      | Signature |  | Date |
| Dean/Division Head | Name      | Extension      | Signature |  | Date |
| Vice President | Name      | Extension      | Signature |  | Date |
| Human Resources | Name      | Extension      | Signature |  | Date |