

EMPLOYEE INFORMATION	
Name of Telecommuter:	Employee ID:
Name of Appropriate Administrator:	
Division/Department:	

The Administrator and Telecommuter agree to the following:

1. The employee has read the University's Telecommuting Policy.
2. The Appropriate Administrator has reviewed the telecommuting arrangement for the employee, and has approved that the employee may telecommute.
3. The Telecommuting Agreement has been explained to the Telecommuter, work hours and begin/end dates have been filled in, and both the employee and Appropriate Administrator have signed.
4. Equipment issued by the University has been documented on the Equipment List for Telecommuters form and the Telecommuter has verified that s/he has homeowners/renters insurance to cover equipment items in the event of damage, theft, or loss.
5. The Telecommuter's Home Safety Checklist form has been signed by the employee.
6. Performance expectations have been discussed and are clearly understood. Assignments and due dates are documented and on file with the Appropriate Administrator and employee.
7. Requirements for care of equipment assigned to the employee have been discussed and are clearly understood.
8. The employee is familiar with the University's requirements and techniques for computer information security. The Telecommuter agrees to protect University information from unauthorized disclosure or damage and will comply with federal, state, and University rules, policies and procedures regarding disclosure of public and official records.
9. Telephone contact procedures have been clearly defined and unit support staff have received information on how and when to reach the Telecommuter.

I certify that all conditions are met:

Appropriate Administrator Signature: _____ Date: _____

Employee Signature: _____ Date: _____