

**Saint Francis University
Telecommuting Agreement**

Employees permitted to telecommute from home or offsite, for some or all of their employment, remain subject to the terms and conditions of employment set forth in the **University's Policies and Personnel Handbook**. In addition to my existing obligations and responsibilities, I agree to do the following:

1. Maintain a regular, documented work schedule (core hours of work) and an accurate accounting of what they work on and when. During these hours, I will be available via email and telephone/voicemail.
 - Work days: _____
 - Scheduled "core" hours of work: _____
 - Contact email and phone (Note: employee's office phone line is to be forwarded to this number):

AND/OR

I request to telecommute on the following basis:

Regular

The telecommuting would occur on: _____

The telecommuting hours would be: _____

Occasional - I will provide the following notice when telecommuting is anticipated:

2. Comply with all of the safety regulations which apply to an office. (A safe work environment free of clutter, exposed wiring, slippery surfaces, etc.) The University reserves the right to inspect the employee's work premise (home office location) during normal work hours.
3. Be on campus as necessary to attend meetings, training sessions, or similar events.
4. Use sick, vacation, or personal time if I am unable to work due to illness and will report my absence to my supervisor. If I desire to be relieved of responsibility for work on a particular day or days I must use sick (i.e., for a doctor's appt.), vacation, or personal leave.
5. Indicate on my time sheet the dates and times when I telecommute and the work that has been performed (operational (hourly) employees).
6. Comply with the policies and procedures relating to legal compliance, safety, and ethics obligations while offsite.
7. Be responsible for any University equipment used offsite. I am responsible for the cost of repair or replacement of any equipment if handled in a careless or reckless manner. The University is not responsible for personal equipment used without express written authorization from the University.
8. Notify my supervisor and IT in the event there is a system failure and determine an alternative work arrangement.
9. Maintain my work in a safe and secure environment. Any confidential materials, University documents, or proprietary information should be maintained under lock and key and appropriately discarded. I will follow IT procedures regarding the security and disposal of confidential information.

- 10. Report any injuries occurring at home or offsite, during the above-scheduled work time(s).
I understand I am covered under the University's worker's compensation coverage only during my scheduled hours of work.
- 11. Maintain a work environment that is free from interference with the work to be done (i.e., employee must make alternate arrangements for dependent care).
- 12. Ensure that my homeowners or renters insurance covers injury arising out of or relating to business use of my home.
- 13. Use my best judgment at all times as I am a representative of the University.
- 14. I will require the following equipment/supplies:

- 15. I will perform the following duties and assignments: **Note: if the employee is a supervisor please indicate how supervisory duties will be carried out for the period of time in which the agreement is in place:**

Supervisor Notations:

I understand and agree to the above. In consideration for being permitted to work at home, I release Saint Francis University and all its officers, employees, and agents from any and all liability, including claims, demands, losses, costs, damages, and expenses of every kind and description including injury, death, or damage to my property, which arises out of, in connection with, or occurs during my participation in this program.

Employee

Printed Name	Date	Signature
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Supervisor

Printed Name	Date	Signature
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Department Head/Designee

Printed Name	Date	Signature
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Director of Human Resources/Designee

Printed Name	Date	Signature
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Vice President/Designee

Printed Name	Date	Signature
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