

**Telecommuting & Remote Work Agreement**

The Telecommuting & Remote Work Agreement is to be completed for employees who will be regular telecommuters or fully remote workers. The agreement should be completed at the approval of one of these arrangements and annually thereafter.

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| **Employee Information** | | |
| Name: | | LU ID: |
| Office/Department: | | |
| Job Title: | | |
| Supervisor: | | |
| Work Arrangement:  Regular Telecommuting  Remote | | |
| Address of Alternative Work Location: | | |
| Agreement Start Date: | 3 Month Review Date *(if applicable)*: | |
| Annual Review Date: | | |

**Work Schedule**

A work schedule is to be discussed and agreed upon between the supervisor and employee. The schedule should be set to support the university’s needs and reflect the employee’s workflow. Employees will be available during the listed work hours via phone, email, and/or video conference on and off campus. The schedule can be adjusted at any time at the request of the employee, supervisor, or the University in the efforts to better support the campus.

Please list the work schedule as applicable. Enter times as a range, i.e. 8:00 am – 5:00 pm.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| On Campus |  |  |  |  |  |  |  |
| Off Campus |  |  |  |  |  |  |  |
| Additional Notes: | | | | | | | |

**Acknowledgements**

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| **Technology & Security Acknowledgement** | |
| I agree | I will comply with all electronic security policies and requirements. I will ensure the safe storage and destruction of any sensitive information that is printed or contained in paper files via a locked desk or file cabinet. I will not transfer proprietary or sensitive university information to a personal device. |
| I agree | I will ensure proper care and storage of all university property and equipment. Any equipment that is issued to me will be returned upon my separation or the discontinuation of my telecommuting or remote arrangement, as applicable. |
| I agree | If a regular telecommuting employee, I will forward my desk phone to my remote location during periods of being off-campus. |
| I agree | I will have an internet connection that provides adequate service for my job and duties. If a regular telecommuter using personal equipment, I will ensure my equipment is running a current and patched operating system and has active antivirus software. |
| **Performance Expectation Acknowledgement** | |
| I agree | I will be available for contact during the established work hours. If I am not available I will notify my supervisor. |
| I agree | I will establish and maintain an appropriate work environment. I will ensure that I can complete my work professionally and distraction free. |
| I agree | Telecommuting does not alter my position duties and responsibilities. I will be accountable for working the number of hours agreed upon and providing evidence of work produced or objectives met as requested. |
| I agree | I understand there may be occasions where I will be required to attend work on campus during normal telecommuting or remote time. |
| **Policy Acknowledgment** | |
| I agree | I have read the Lawrence University Telecommuting & Remote Work Policy. I agree to abide by the policy and all terms outlined in this agreement. Alterations cannot be made to this agreement without the prior approval of my supervisor. |
| I agree | I understand that I will not be reimbursed for expenses as noted in the policy. |
| I agree | I will not use my telecommuting or remote work arrangement for the purposes of having another job during my established working hours or providing child or other dependent care. |
| I agree | If I have an accident or am injured during established work hours and in conjunction with my regular work, I will report the accident immediately to Human Resources. |
| I agree | I will alert Human Resources in the event the address of my alternative work location changes. |
| I agree | I understand that telecommuting and remote work arrangements can be changed or terminated at any time. |

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| **Employee Acknowledgement** | |
| Name: | Date: |
| Signature: | |

***Completed By Human Resources***

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| Add Work Location to WC Carrier | Agreement in Employee Personnel File |