**Telecommuting Letter – UConn Health**

Dear XXXXX

Employee ID No:

This letter serves as the approval to telecommute from your position as XYZ for the period of \_\_\_\_\_\_\_\_\_\_\_\_\_, 2020 to \_\_\_\_\_\_\_\_\_\_, 2020. Your telecommuting hours will be from \_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_on (days of week). You are to observe your normal working hours for the duration of your approved telecommuting time, unless your manager has approved a flex schedule as noted above. If you need to take a leave from your normal duties you will need to request and be approved for leave as you would if you were working at your regular scheduled work location.

You will be required to be available for electronic and in person meetings as directed by your manager. You are expected to continue to perform all of the duties associated with your position, except as may be specifically documented in a separate memo attached hereto. This agreement is in effect for the period noted above, however, at the discretion of management this agreement may be terminated prior to the above expiration date or may be extended as circumstances warrant.

You are expected to follow the UConn Health’s Alternate Work Arrangements Policy and the terms and conditions set forth in the Telecommuting Agreement Form (Note: the form itself is not needed), both of which are available at: <https://health.uconn.edu/human-resources/wp-content/uploads/sites/24/2016/06/telecommute_guidelines.pdf> and <https://health.uconn.edu/policies/wp-content/uploads/sites/28/2017/03/policy_2016_03_appendix_a.pdf>

Note that this approval to telecommute is a temporary arrangement done to ensure social distancing during the COV-19 global pandemic and operational needs. Telecommuting approved under these circumstances does not set a precedent for telecommuting work when the situation returns to normal.

Sincerely,

XXXXXXXXXXXXX

Personnel File – Human Resources via HR-EmployeeResource@uchc.edu

Employee and Labor Relations, Munson Road