

Fall 2021: Return to Campus Telecommuting Form

This form is to be discussed, completed, and approved by the employee, the employee's supervisor and the first manager outside of the bargaining unit prior to beginning telecommuting. Additionally, Human Resources will review all submitted forms to ensure requests align with the University's operational needs. All requests are approved in accordance with the "Alternate Work Arrangement Policy" and applicable collective bargaining agreements. Requests may only be submitted for the period ending December 31, 2021.

This form is not appropriate to address telecommuting requests related to medical issues or family care (child/elderly, etc.).

Please complete this form digitally and distribute via email.

Once an employee, supervisor, and (as applicable) first manager outside of the employee's bargaining unit have agreed to the terms of the telecommuting agreement, the form may be signed (electronic or typed-in signatures are acceptable). Send a copy of the signed form to Human Resources via e-mail to workforce@uconn.edu.

Required Fields are indicated with an asterisk (*).

*Employee:

*Employee's Supervisor:

*Supervisor's UConn Email:

*Manager Outside of the Bargaining Unit:

TELECOMMUTING TERMS & CONDITIONS:

Should you have any questions regarding these terms & conditions, please discuss them with your supervisor prior to submission.

*START DATE:

*END DATE (No later than 12/31/21):

1. I understand that that this telecommuting arrangement will be reviewed periodically during the effective period and may be modified, amended, or terminated at any time by written notification from the supervisor, manager outside of the bargaining unit, or Human Resources.
2. I understand that I am expected to continue to perform the full range of duties assigned and required of my position, including attending regularly scheduled and/or unscheduled meeting as necessary. I understand that telecommuting days will need to be adjusted in order to accommodate meeting requests and/or other work responsibilities at the regular workstation.

3. I understand that I will abide by all University of Connecticut policies and procedures during the life of this arrangement.

*By signing this form, I acknowledge, understand, and will abide by these terms.

ALTERNATE WORK LOCATION

I will primarily work from the following location during this telecommuting period. Should a change in work location be required, I will revisit this agreement with my supervisor.

*Address Line 1:

*Address Line 2:

*City:

*State:

*Zip Code

*Primary Contact Phone:

Secondary Contact Phone:

COMPENSATION, BENEFITS, AND WORK SCHEDULE TERMS AND CONDITIONS

Should you have any questions regarding this acknowledgement, please discuss them with your supervisor prior to submission.

1. This arrangement shall not be the basis for any claim regarding mileage or travel reimbursement or any benefit that would not be provided at the regular workstation. My salary, job responsibilities, benefits, rights, and insurance coverage remain subject to the applicable UConn policies.
2. For the purpose of defining the work schedule during which the University has liability for job-related accidents or illnesses and during which workers' compensation laws apply; my work hours will conform to the work schedule agreed upon and described below:

	Work Onsite:			Work Offsite:			Comments:
Monday		to			to		
Tuesday		to			to		
Wednesday		to			to		
Thursday		to			to		
Friday		to			to		

*By signing this form, I acknowledge, understand and will abide by these terms. Any changes to this schedule must be pre-approved in writing by the employee's supervisor.

WORK SPACE, EQUIPMENT & SUPPLIES TERMS & CONDITIONS

Should you have any questions regarding this acknowledgement, please discuss them with your supervisor prior to submission.

University equipment items with a cost under \$5,000 that have a life of one or more years, and that should be identified and controlled due to their sensitive, portable, and theft-prone nature are defined as “Controllable Property Assets.” According to the State of Connecticut Property Control Manual issued by the Office of the State Comptroller, Controllable Property Assets must be identified and inventoried on a regular basis.

University “Controllable Property Assets” include: ALL computers (desktops, laptops, iPads, and Notebooks), and may also include other types of equipment deemed by the department to be controllable such as audiovisual equipment, televisions, projectors, communication equipment, cellular phones, data processing equipment, computer peripherals, scanners, and cameras.

Please ensure University property in your possession has been appropriately inventoried prior to using it as your alternate worksite.

1. I understand that the University retains the right to make on-site inspections of the work area to ensure that appropriate working conditions exist during the term of this telecommuting agreement. These inspections will be prearranged at a time agreed upon by both parties or given 24-hour notice.
2. I understand that on-site visits by the University of Connecticut may be made for the purpose of retrieving or repairing equipment, work documents, and other agency property.
3. Any equipment or supplies purchased by the University of Connecticut and used at the alternate work location remain the University’s property and must be returned at the conclusion of the telecommuting period. University owned equipment at the alternate location may not be used for personal purposes, in accordance with the University’s Acceptable Use Policy.
4. If I use University provided software, I must adhere to the manufacturer’s licensing agreements, including the prohibition against unauthorized duplication.
5. Out-of-pocket expenses for supplies normally available through the University will not be reimbursed.
6. The University does not assume responsibility for damage or wear of personally-owned equipment or supplies used while telecommuting.
7. I must take all precautions necessary to secure privileged information and prevent unauthorized access to any University system.
8. I will use the follow University equipment in my home/alternate work site:

University Equipment Item 1 (enter name and value):

University Equipment Item 2 (enter name and value):

University Equipment Item 3 (enter name and value):

*By signing this form, I acknowledge, understand, and will abide by these terms.

ACKNOWLEDGEMENTS

Employee Acknowledgement

Via submission of this form (or signature on paper form), I agree this telecommuting is strictly voluntary and may end without cause, by either party. This arrangement may be terminated by the University upon reasonable notice (minimum of two weeks) unless a performance issue arises whereby participation may be terminated immediately. Management reserves the right to modify this arrangement at any time in order to ensure the responsibilities of the department are met. Nothing contained in this arrangement conveys nor is intended to convey a contract of employment.

*By signing this form, I acknowledge understand these terms and will have in place appropriate homeowners or rental insurance, and I agree to abide by these terms.

*Employee Signature (Digital/Typed)

Date

Supervisor Acknowledgement

*Via approval of this form, I agree that I have renewed the "Alternate Work Arrangements Policy" section on telecommuting and certify that this agreement is allowable under the policy.

*Supervisor Signature (Digital/Typed)

Date

*Manager Outside of Bargaining Unit Signature (Digital/Typed)

Dated

*Signed forms may be sent electronically to workforce@uconn.edu for review.