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Telecommuting and Flexible Work Schedule Request Forms

Complete Online Form

1. Log into the *Employee Telecommuting and Flexible Work Schedule Request Forms* at:
2. Select the type of request: **Telecommuting**, **Flexible Work Schedule**, or **Dual Request** (both Telecommuting and Flexible Work Schedule) **Note:** The applicable fields will display based on this selection.

3. Enter the supervisor's name and select from the results in drop down list. Supervisor's email will auto populate.
4. Enter the manager's name and select from the results in drop down list. Manager's email will auto populate. (**Note:** The manager's name is the manager who is not in a bargaining unit – management/exempt. The same person may be the supervisor and manager if not in a bargaining unit. If you do not know who is the Manager Outside of Bargaining Unit, please contact your [HR Specialist](#).)

5. Select **Full-Time** or **Part-Time** from drop down list.

Telecommuting Only or Dual Form

Fields will display for *Telecommuting* and *Dual Requests* (If requesting a Flex Schedule only – skip this section and continue with *Step 12*)

- Click in the **Start Date** and **End date** fields and select dates from the calendars. End date cannot be later than date noted in field.
- Enter the Alternate Work Location including **Address, City, State, Zip,** and **Primary Contact Phone.** Enter **Secondary Contact Phone** if applicable.

TELECOMMUTING

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

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

Start Date * **6**
May 16, 2022

End Date *
No later than 12/31/2022
June 14, 2022

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 and submit a new request, as needed.

Address Line 1 * **7**
1 Main Street

Address Line 2

City *
Stretton

State *
Connecticut

Zip Code *
06940

Primary Contact Phone *
8608571234

Secondary Contact Phone

- Select the applicable option for each day, and enter comments as needed.

COMPENSATION, BENEFITS, AND WORK SCHEDULE

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

- 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.
- 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.

PROPOSED TELECOMMUTING SCHEDULE

Monday Schedule * **8**
Full Day - Telecommuting

Tuesday Schedule *
Full Day - Telecommuting

Tuesday Comments

Wednesday Schedule *
Full Day - On Campus

Wednesday Comments

Thursday Schedule *
Hybrid Day - Telecommuting/On Campus

Thursday Comments

Friday Schedule *
Not Applicable

Friday Comments

9. Review the *Work Space and Equipment/Supplies* and list university equipment (if applicable). If not applicable, enter *Not Applicable*.

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.

WORK SPACE AND EQUIPMENT/SUPPLIES

Should you have any questions, 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.

- 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.
- 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.
- 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:
- If I use University provided software, I must adhere to the manufacturer's licensing agreements, including the prohibition against unauthorized duplication.
- Out-of-pocket expenses for supplies normally available through the University will not be reimbursed.
- The University does not assume responsibility for damage or wear of personally-owned equipment or supplies used while telecommuting.
- I must take all precautions necessary to secure privileged information and prevent unauthorized access to any University system.
- I will use the following University equipment in my home/alternate work site:

List All University Equipment (see bolded text above) * 9

Indicate "Not Applicable" if only using personal equipment.

ACKNOWLEDGEMENTS AND REVIEW

EMPLOYEE ACKNOWLEDGMENT

Via submission of this form, I agree this telecommuting and/or flexible schedule 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 and understand all of the terms within this form, and will have in place appropriate homeowners or rental insurance, and I agree to abide by said terms herein.

Submitted By
Morrell, Brandi

Employee Signature *

[Sign this form](#) 10

****If completing the dual form, skip to Step 12.**

10. Read the **Employee Acknowledgement** and click **Sign this form**. Type, draw, or upload signature and **Save**.

Add Signature

Type Draw Image

Type your name

Cancel Save

➔

ACKNOWLEDGEMENTS AND REVIEW

EMPLOYEE ACKNOWLEDGMENT

Via submission of this form, I agree this telecommuting and/or flexible schedule 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 and understand all of the terms within this form, and will have in place appropriate homeowners or rental insurance, and I agree to abide by said terms herein.

Submitted By
Morrell, Brandi

Employee Signature *

Remove

11. Scroll to top right of form and click **Submit**.

UCONN

Working and Flexible Work Schedule Request Forms

Request approval from their supervisor and the first manager outside of the bargaining unit work schedule. Additionally, Human Resources will review all submitted forms to ensure they meet operational needs. All requests are approved in accordance with the "Alternate Work Schedule" bargaining agreements. At this time, employees may only submit requests for the following scenarios:

WORK SCHEDULE, OR DUAL REQUEST

Scenario *

is Dual Request

Actions 11

[Submit](#)

[Save](#)

[Discard](#)

Flexible Work Schedule Only or Dual Request

12. Click in the **Start Date** and **End date** fields and select dates from the calendars.

List All University Equipment (see bolded text above) *

Indicate "Not Applicable" if only using personal equipment.

Laptop, monitored

FLEXIBLE WORK SCHEDULE

Employees should discuss any questions with the appropriate supervisor prior to submission.

1. I, the undersigned employee, understand that my work hours will conform to the schedule outlined below. If unforeseen changes to this schedule arise, I will obtain approval from my supervisor prior to making changes to my work schedule. I will also amend this agreement to reflect these changes.

2. I, the undersigned employee, 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 meetings as necessary. I understand that flexible schedule days may need to be adjusted in order to accommodate certain meeting requests and/or other work responsibilities at the office.

Start Date * 12

May 16, 2022

End Date *

No later than 12/31/2022

June 14, 2022

Reason(s) for Flexible Schedule Request *

Accommodate bus schedule

13 **PROPOSED FLEXIBLE SCHEDULE**

Monday AM Start <input type="checkbox"/> 7:30 AM	Monday AM End <input type="checkbox"/> 12:00 PM	Monday Meal * 30 Minutes	Monday PM Start <input type="checkbox"/> 12:30 PM	Monday PM End <input type="checkbox"/> 3:30 PM	Total Monday Hours Worked * 7.5
Tuesday AM Start <input type="checkbox"/> 7:30 AM	Tuesday AM End <input type="checkbox"/> 12:00 PM	Tuesday Meal * 30 Minutes	Tuesday PM Start <input type="checkbox"/> 12:30 PM	Tuesday PM End <input type="checkbox"/> 3:30 PM	Total Tuesday Hours Worked * 7.5
Wednesday AM Start <input type="checkbox"/> 8:15 AM	Wednesday AM End <input type="checkbox"/>	Wednesday Meal * Not Applicable	Wednesday PM Start <input type="checkbox"/>	Wednesday PM End <input type="checkbox"/> 2:15 PM	Total Wed Hours Worked * 5
Thursday AM Start <input type="checkbox"/> 7:30 AM	Thursday AM End <input type="checkbox"/> 12:00 PM	Thursday Meal * 30 Minutes	Thursday PM Start <input type="checkbox"/> 12:30 PM	Thursday PM End <input type="checkbox"/> 3:30 PM	Total Thursday Hours Worked * 7.5
Friday AM Start <input type="checkbox"/> 7:30 AM	Friday AM End <input type="checkbox"/> 12:00 PM	Friday Meal * 30 Minutes	Friday PM Start <input type="checkbox"/> 12:30 PM	Friday PM End <input type="checkbox"/> 3:30 PM	Total Friday Hours Worked * 7.5
14 Total Weekly Hours Worked * 35					
15 Comments					

13. Complete the **Proposed Flexible Scheduled** section.

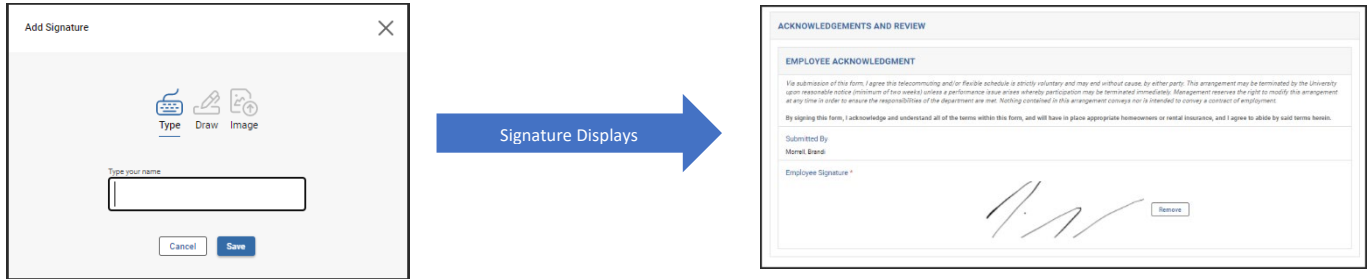
- Daily **AM Start** – Enter the morning start time
- Daily **AM End** – Enter the morning end time (prior to break)
- Daily **Meal** – Select the applicable meal break duration
- Daily **PM Start** – Enter the break return time
- PM **End** – Enter the daily end time
- **Total Hours Worked** (for each day) – enter total hours worked **excluding meal break**

14. Enter **Total Weekly Hours Worked** (excluding meal break)

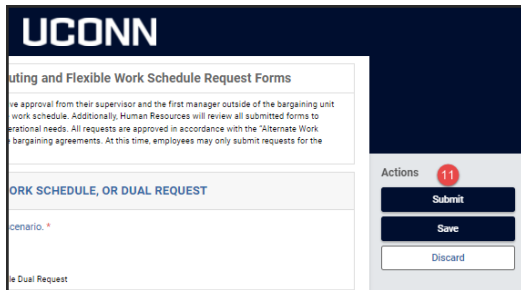
15. Enter **Comments** if applicable.

Note: For weekend days, enter the information in one of the daily fields and note in the **Comments** (e.g. Flex hours for Saturday are entered in Friday fields.)

16. Read the **Employee Acknowledgement** and click **Sign this form**. Type, draw, or upload signature and **Save**.



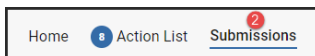
17. Scroll to top right of form and click **Submit**.



Check the status of Request

Upon approval or if the request is sent back to you for changes, you will receive an email notification from [no-reply@mail.kualibuild.com](mailto:reply@mail.kualibuild.com). Kualibuild is used for many projects at the University and many users have setup inbox rules to move Kualibuild notifications to a separate folder. Please check your inbox rules to adjust as needed for emails including *Telecommuting / Flexible Schedule Request* in the subject line.

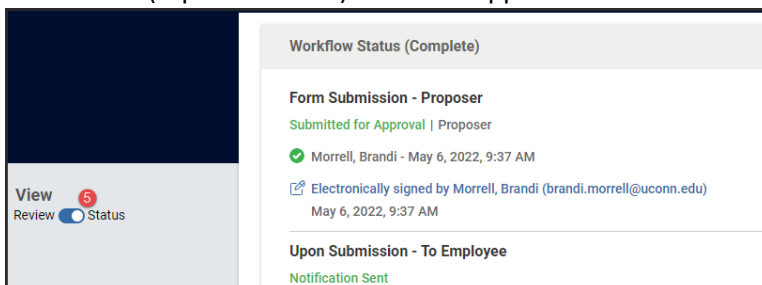
1. Click the link provided in the notification email or log in at: <https://uconn.kualibuild.com/app/builder/#/my/submissions>
2. Click Submissions



3. Review the status of the form on the submitted list.

Form	Date Submitted ↓	Time Elapsed	Status	Actions
HR Telecommute Request	May 6, 2022 · 9:37am	1 minute	● IN PROGRESS	⋮
Pre-Travel Information	Apr 29, 2022 · 11:40am	7 days	● COMPLETE	⋮
Employee and Gratis Vaccine Reporting System (EVax)	Sep 1, 2021 · 7:15pm	8 months	● COMPLETE	⋮

4. Click on the form name to view comments provided by approvers and to view the entire form submitted.
5. Click Status (top left of form) to review approvals and comments.



Duplicate a Form to Submit for a New Request

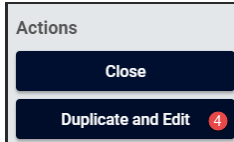
1. Click the link provided in the prior request approval notification email or log in at: <https://uconn.kualibuild.com/app/builder/#/my/submissions>

2. Click Submissions



3. Click on the form name to view comments provided by approvers and to view the entire form submitted.

4. Click **Duplicate and Edit** (top right)



5. Review the form, enter new dates, and update other fields as needed.

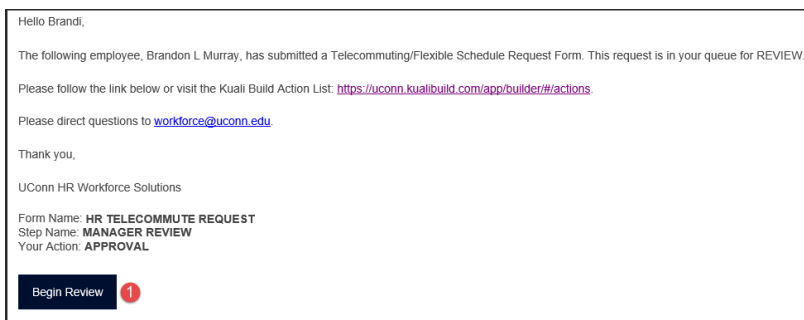
6. Read the **Employee Acknowledgement** and click **Sign this form**. Type, draw, or upload signature and save.

7. Click **Submit**.

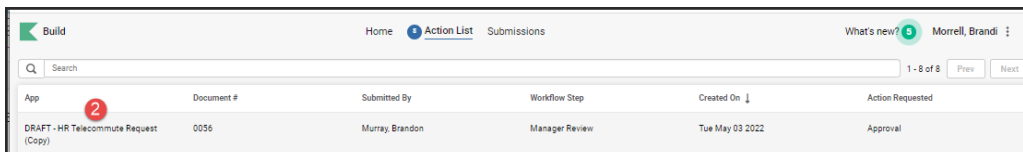
Approve Online Telecommuting and Flexible Work Schedule Request Forms

Approvers will receive an email communication from no-reply@mail.kualibuild.com. Kualibuild is used for many projects at the University and many approvers have setup inbox rules to move Kualibuild notifications to a separate folder. Please check your inbox rules to adjust as needed for emails including *Telecommuting / Flexible Schedule Request* in the subject line.

1. Open the email notification and click **Begin Review**.



2. Click the request from the *Action List*



3. Confirm form is set to review, or click from status to review.

4. Review the request and click **Sign this form** at the bottom of page. Type, draw, or upload signature and **Save**.



5. Enter comments (*optional*).

Note: These comments will be seen by all with access on the form. If sending back or denying, please enter instructions/comments for the employee.

6. Add and Additional Reviewer (*if needed - optional*). Adding an additional reviewer adds another level of approval into the workflow before submitting to HR.
7. Scroll to the page top right and select the action of **Approve** or **Send Back**.

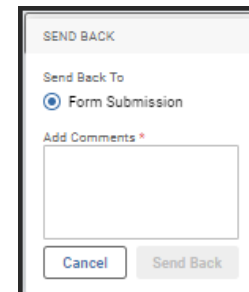


Approve – Approves the request and submits to the next level of approval

Save – Do not use

Send Back – Add a comment and click **Send Back** to return for the employee to update and resubmit into the approval workflow.

Deny – Denies the request and ends the process. The employee cannot make changes and is used on limited occasions. Use **Send Back** to allow the employee to update and resubmit into the approval workflow.



Questions?

For specific questions related to data entering in your form, please contact your [HR Specialist](#).

General Questions: Contact workforce@uconn.edu