TELECOMMUTING AGREEMENT FORM

Employee Name: 

Job Title & Appointment Type: 

Division/UDSS: 

Is Telecommuting a Condition of Employment?  ☐ Yes  ☐ No - If Yes, skip the next field (Duration) 

Duration: Beginning through you are authorized to perform your job responsibilities as a telecommuter working from a remote work location, unless you move to another position at the University. This agreement and the University's telecommuting policy describe the terms and conditions of this telecommuting arrangement. 

Work Location Address: 

Employee Residence?  ☐ Yes  ☐ No 

Scheduled workdays at alternative work location (include times): 

☐ Monday  ☐ Tuesday  ☐ Wednesday  ☐ Thursday  ☐ Friday  ☐ Saturday  ☐ Sunday 

Scheduled workdays at UW - Madison work location: (include times) 

☐ Monday  ☐ Tuesday  ☐ Wednesday  ☐ Thursday  ☐ Friday  ☐ Saturday  ☐ Sunday 

University Property Loaned: 
*If University property is loaned, send one copy to Risk Management (Form must be attached to all transactions) 

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<thead>
<tr>
<th>Quantity</th>
<th>Equipment Description, Model and Serial Number</th>
<th>Replacement Value</th>
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Services Provided by the University: i.e. Internet, Cellular, Paging, Phone Cards, etc. (Form must be attached to all transactions) 

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<th>Cost</th>
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Other terms and conditions of telecommuting agreement, if any: 

This agreement does not constitute a contract of employment, and should not be interpreted as creating a contract of employment, either express or implied. 

Check One: 

☐ This telecommuting agreement may be terminated by the University or the employee. If the agreement is terminated, a reasonable amount of time will be provided by/for the employee to transition back to the worksite. 

☐ This telecommuting agreement is a condition of employment and may not be terminated by the employee. 

Employee Agreement: 

I have read and understood the contents of this telecommuting agreement, this Telecommuting Agreement Form and the University telecommuting policy. I agree to abide by all of the requirements of the policy and of this agreement. 

Employee Signature 

Date 

The above-named employee has met all of the terms and conditions of the University telecommuting policy, and approval is granted for the employee to participate in accordance with the agreement set forth above. 

Supervisor Approval 

Date 

Department Chair Approval 

Date 

Dean/Director’s Office Approval 

Date 

CC Specific Bargaining Unit (for represented classified employees) 11/18/05