



TELECOMMUTING AGREEMENT FORM

Employee Name:		
Job Title & Appointment Type:		
Division/UDDS:		
Is Telecommuting a Condition of Employment? <input type="checkbox"/> Yes <input type="checkbox"/> No - <i>If Yes, skip the next field (Duration)</i>		
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? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Scheduled workdays at alternative work location (include times):	<input type="checkbox"/> Monday	<input type="checkbox"/> Friday
	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Saturday
	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Sunday
	<input type="checkbox"/> Thursday	
Scheduled workdays at UW - Madison work location: (include times)	<input type="checkbox"/> Monday	<input type="checkbox"/> Friday
	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Saturday
	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Sunday
	<input type="checkbox"/> Thursday	
University Property Loaned: *If University property is loaned, send one copy to Risk Management (Form must be attached to all transactions)		
Quantity	Equipment Description, Model and Serial Number	Replacement Value
Services Provided by the University: i.e. Internet, Cellular, Paging, Phone Cards, etc. (Form must be attached to all transactions)		Cost
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:		
<input type="checkbox"/>	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.	
<input type="checkbox"/>	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