

**Addendum B**  
**UNIVERSITY AFFAIRS TELECOMMUTING PROPOSAL**

Employee Name _____	Supervisor Name _____
Job Title _____	Exempt <input type="checkbox"/> Nonexempt <input type="checkbox"/>
Department _____	Date Submitted _____

**PART I: TELECOMMUTING AGREEMENT SCHEDULE REQUESTED**

Current Schedule		Proposed Telecommuting Schedule		
Days	Start and Stop Times <small>(including a minimum ½ hour unpaid meal period)</small>	Days	Start and Stop Times <small>(including a minimum ½ hour unpaid meal period)</small>	Work Location O = Official UWF Office T = Telecommuting Location
Sunday		Sunday		
Monday		Monday		
Tuesday		Tuesday		
Wednesday		Wednesday		
Thursday		Thursday		
Friday		Friday		
Saturday		Saturday		
Total Hours:		Total Hours:		

\_\_\_ **Continuation of Telecommuting Schedule (go to Part III).**

Please indicate whether you are taking thirty (30) minute or one (1) hour meal periods: \_\_\_\_\_

Duration of Proposal: \_\_\_\_\_ Start Date: \_\_\_\_\_  
*(Maximum of six (6) months)* End Date: \_\_\_\_\_

Official UWF Office or Workspace Location and Address:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Telecommuting Work Location and Address:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Variations from the above schedule and/or location:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## PART II: WORK ISSUES TO BE CONSIDERED

How will this proposed telecommuting schedule sustain or enhance your ability to complete your work responsibilities?

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## PART III: TELECOMMUTING AGREEMENT

Employees who participate in the telecommuting program must adhere to the applicable guidelines and procedures. Supervisor's approval signifies concurrence of the employee's participation. Supervisor's approval also confirms agreement to adhere to the applicable guidelines and procedures.

### Duration of Agreement

This agreement will be valid beginning on  and ending on  . At the end of this period, both parties will participate in a review to determine whether to reactivate the agreement.

### Working Hours

Employee's working hours and work location are specified in this agreement.

### Pay and Attendance

All pay, leave, and travel entitlement will be based on the employee's official UWF office or workspace. The employee's time and attendance will be recorded as if the employee were performing duties at the official UWF office or workspace.

### Leave

Employee must obtain supervisory approval before taking leave in accordance with established procedures. By signing this form, employee agrees to follow established procedures for requesting and obtaining approval of leave.

### Overtime

The employee continues to work in pay status while working at the home office. Any overtime work must be preapproved by the supervisor and department head in accordance with established procedures. Overtime work will be paid in accordance with applicable law, rules, regulations, and procedures.

### Equipment Owned by the University of West Florida

Supervisory approval is required for an employee to use university equipment at the telecommuting location. The equipment must be protected against damage and unauthorized use. Equipment owned by the university will be serviced and maintained by the university and must be checked out to the employee by the university.

Employee may provide his/her own equipment to use when telecommuting. Equipment provided by the employee will be at no cost to the university and will be maintained by the employee.

### Liability

The university will not be liable for damages to an employee's property that results from participation in the telecommuting program.

**Reimbursement**

The university will not be responsible for operating costs, home maintenance, or any other incidental cost (e.g. utilities) associated with the use of employee's residence for telecommuting. Employee does not relinquish entitlement to reimbursement for authorized expenses incurred while conducting business for the university as provided for by Federal or State statute, regulation, or Internal Revenue Service regulations.

**Workers' Compensation**

Employee is covered by worker's compensation while working on official duties at the telecommuting location. Any work-related injuries must be reported to the university in accordance with established procedures.

**Work Assignments**

Employee will meet with the supervisor to receive assignments and to review completed work as necessary or appropriate. The employee will complete all assigned work according to work procedures mutually agreed upon by the employee and the supervisor according to the university's guidelines and performance standards. Employee will maintain communication with the official UWF office or workspace as instructed by supervisor.

Employee will not use the telecommuting location to hold in person meetings.

**Evaluation**

Evaluation of the employee's work performance will be based on norms or other criteria derived from past performance/occupational standards consistent with the university's guidelines. For those assignments without precedent or without standards, regular and required progress reporting by the employee will be used by the supervisor to rate job performance and establish standards.

Employee performance evaluations completed immediately prior to beginning the telecommuting program and during the telecommuting period must indicate an overall rating that is equal to or greater than "Above" standards.

**Records**

Employee will apply approved safeguards to protect the university's records from unauthorized disclosure or damage and will comply with the public record requirements set forth in Chapter 119, Florida Statutes. Work performed at the telecommuting location is considered official university business. All records, papers and correspondence must be safeguarded for their return to the official UWF office or workspace. Any release or destruction of any records should only be done at the official UWF office or workspace location according to statute and regulation. Computerized files are considered official records and shall be similarly protected.

**Evaluation Participation**

Employee and supervisor agree to promptly complete and submit telecommuting evaluation materials and to attend periodic group meetings as required by the university, department, and division.

**Curtailement of the Agreement**

Employee may terminate participation in this program at any time. Management may remove the employee from the program at any time if continued participation fails to benefit organizational needs. Employee agrees to limit performance of officially assigned duties to the official UWF office or workspace or to the university's approved remote location.

Failure to comply with the provisions of this agreement or other university rules and regulations may result in termination of the Telecommuting Agreement and/or other appropriate disciplinary action.

**PART IV: EMPLOYEE SIGNATURE**

I have read and understand the telecommuting procedures and agree to these procedures. I understand that it is my responsibility to make my telecommuting work schedule a success and that my supervisor, department head, and/or the university have the right to discontinue this schedule at any time with advance notice, if possible.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Extension

\_\_\_\_\_  
Date

**PART V: AUTHORIZATION OF SUPERVISOR AND DEPARTMENT HEAD**

I have reviewed this telecommuting proposal with the employee.

This proposal is       Approved       Denied

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Extension

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Head Signature

\_\_\_\_\_  
Extension

\_\_\_\_\_  
Date