



BROWN

Telecommuting Agreement

Employee Certification

HUMAN RESOURCES DEPARTMENT
Box 1879
Providence, RI 02912
Phone: 401 863-3175 Fax: 401 863-9329

Employee Name: _____

Employee Title: _____

Department: _____

Supervisor Name: _____

Proposed Start Date: _____ through June 30, _____.

A new Telecommuting Agreement is required each fiscal year.

1. I understand that my duties, obligations, responsibilities and conditions of employment with the University remain unchanged except those obligations and responsibilities specifically addressed in this agreement. My salary and benefits remain unchanged as well as a result of my telecommuting.
2. I understand that this agreement is voluntary and may be revoked or modified by the University or me at any time for any reason. I understand that this agreement does not create an entitlement to continued telecommuting. If the agreement is terminated, a reasonable time will be given for me to transition back to the worksite.
3. I agree that income taxes will be withheld based on employment at Brown University in Rhode Island, not on the location from which I telecommute. I agree that I am responsible for tax consequences and other legal implications that may occur, including local zoning restrictions.
4. I agree that I will not be the primary care provider for any dependent during my work hours and I will make regular dependent care arrangements during telecommuting periods.
5. I agree that my total number of work hours will not change due to my telecommuting and I will continue to be responsible for reporting my time as required by department and University procedures.
6. I agree that my work hours, overtime compensation, use of sick leave, approval for use of vacation and requests for a Leave of Absence will conform to University policies and procedures, departmental guidelines, and to the terms otherwise agreed upon by my supervisor and me.
7. I agree that I must report to my University work location as required by my supervisor for department meetings, training, etc.
8. I agree to maintain a safe and secure work environment and to designate a remote workspace to accommodate any equipment to be used in my work. I will protect the workspace from any hazards and dangers that could foreseeably affect the equipment and me.
9. I agree to report work-related injuries to my supervisor and the Brown University Office of Insurance and Risk within 24 hours or at the earliest reasonable opportunity. I agree to hold the University harmless for injury to others at the off-campus work site.
10. I agree to restrict use of University-provided equipment and supplies located in my remote work site to the same policies that apply to equipment on campus.

11. I agree to implement all generally accepted computing security measures, including ensuring that university-provided anti-virus and anti-spyware subscriptions are kept current, and promptly notifying CIS or the Departmental Computing Coordinator of any warning messages stating they are not current. A hardware firewall acceptable to CIS is required, with current firmware in that firewall. Any wireless connection must be encrypted using a wireless encryption protocol (WEP or WPA), or the Brown VPN client.
12. I agree to notify CIS or the Departmental Computing Coordinator immediately if symptoms of a virus or spyware infection occur.
13. I agree to maintain the confidentiality of materials I access as part of my employment, and to abide by the University's policies for employees, including those covering information, security, software, software licensing and data privacy as well as the requirements of applicable state and federal government statutes.
14. I agree not to download any University data or information onto my personal computer or onto any computer provided by Brown in my possession. I agree that unencrypted Brown Sensitive Information ("BSI") will not be stored on the local disk drive of my computer. It should be stored on a server and accessed through the Brown VPN, or encrypted with proper provisions made for recovery. Notwithstanding the above, I agree that I will promptly notify CIS or the Departmental Computing Coordinator if a computer containing BSI is stolen or lost.
15. I understand that all equipment, records and materials provided by my department or Brown remain the property of the University.
16. I agree to return University equipment, records and materials with seven days of termination of this agreement. All University equipment will be returned by me for inspection, repair, replacement or repossession within seven days written notice.
17. I agree to be available during the assigned business hours, as stipulated in this agreement, for communication by phone, voice mail, fax, beeper, etc.

Work to be Accomplished while Telecommuting:

I have read the contents of this Telecommuting Agreement and Brown University's Telecommuting Policy (HR Policy # 20.053A). I certify that I will abide by all of the requirements of the policy and of this Agreement.

Employee's signature: _____ Date: _____

Reason for the Request: _____

Reason for
Telecommuting

Work Location and Schedule, and Equipment

Telecommuting Schedule (Please complete):

- 100% Telecommuting
- Both Telecommuting and On-Site Work

Please provide proposed work schedule (days and hours) on and off site:

Remote Work Location and Contact Information:

Is this the employee's residence: Yes No

Phone Number: _____

Fax Number: _____

Equipment to be provided by Brown

(Please contact CIS to discuss security measures and software/hardware requirements) **Please describe equipment and provide serial numbers:**

Based on a review of suitable considerations outlined in Brown's Telecommuting Policy, we have concluded that telecommuting is appropriate under the circumstances. The above-named employee is granted approval to participate in accordance with the agreement set forth above.

Supervisor's approval: _____ Date: _____

Department Head's approval: _____ Date: _____

Human Resources approval: _____ Date: _____

Please submit completed form to the Human Resources Department or BioMed HR as appropriate.

Telecommuting cannot begin until the signed Telecommuting Agreement is on file with Human Resources or BioMed HR.

Approvals