



against damage and unauthorized use. UCF owned equipment will be serviced and maintained by UCF. Equipment provided by the employee will be at no cost to UCF, and will be maintained by the employee.

### **Liability**

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

### **Reimbursement**

UCF will not be responsible for operating costs, home maintenance, or any other incidental cost (e.g. utilities) whatsoever, associated with the use of the employee's residence. The employee does not relinquish any entitlement to reimbursement for authorized expenses incurred while conducting business for UCF, as provided for by statute and implementing regulations.

### **Workers Compensation**

The employee is covered under the Worker's Compensation Law if injured in the course of performing official duties at the telecommuting location.

### **Work Assignments**

The 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 UCF guidelines and performance standards.

### **Evaluation**

The evaluation of the employee's job performance will be based on norms or other criteria derived from past performance/occupational standards consistent with UCF 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.

The employee's performance appraisal, immediately prior to starting to telecommute and during the entire telecommuting period, must indicate an overall rating that is equal to or greater than the rating of "achieves performance standards" (for A&P personnel) and "effective" (for USPS personnel).

### **Records**

The employee will apply approved safeguards to protect UCF records from unauthorized disclosure or damage and will comply with the public record requirements set forth in Chapter 119, F.S. Work done at the telecommuting location is considered official UCF business. All records, papers and correspondence must be safeguarded for their return to the official location. Release or destruction of any records should only be done at the official location according to

statute and regulation. Computerized files are considered official records and shall be similarly protected. See Chapter 119, F.S.

**Evaluation Participation**

The employee and supervisor agree to promptly complete and submit telecommuting evaluation materials and to attend periodic group meetings as required by the university.

**Curtailement of the Agreement**

The employee may terminate participation in this program at any time. Management has the right to remove the employee from the program at any time if continued participation fails to benefit organizational needs.

The employee agrees to limit performance of officially assigned duties to the official work location or to the UCF approved home location. Failure to comply with this provision may result in termination of the Telecommuting Agreement and/or other appropriate disciplinary action.

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Appropriate Management Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Vice President

\_\_\_\_\_  
Date

**ADDENDUM B**  
**Attachment 1 to the**  
**TELECOMMUTING AGREEMENT**

**Working Hours and Location**

The following working hours and locations are agreed to in support of the Telecommuting Agreement.

Official Work Location: \_\_\_\_\_

Telecommuting Location: \_\_\_\_\_

General Work Hours:

<b>Day</b>	<b>Hours</b>	<b>Location</b>
		O = Official
		T = Telecommuting

Monday:      \_\_\_\_\_ - \_\_\_\_\_      \_\_\_\_\_

Tuesday:      \_\_\_\_\_ - \_\_\_\_\_      \_\_\_\_\_

Wednesday:      \_\_\_\_\_ - \_\_\_\_\_      \_\_\_\_\_

Thursday:      \_\_\_\_\_ - \_\_\_\_\_      \_\_\_\_\_

Friday:      \_\_\_\_\_ - \_\_\_\_\_      \_\_\_\_\_

Saturday:      \_\_\_\_\_ - \_\_\_\_\_      \_\_\_\_\_

Sunday:      \_\_\_\_\_ - \_\_\_\_\_      \_\_\_\_\_

Daily Lunch Period:      \_\_\_\_\_ - \_\_\_\_\_

Comments (schedule flexibility, etc.):

Employee: \_\_\_\_\_      Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_      Date: \_\_\_\_\_

ADDENDUM D

**SUPERVISOR SCREENING SURVEY  
UCF TELECOMMUTING PROGRAM**

NAME \_\_\_\_\_

DATE \_\_\_\_\_

POSITION (JOB TITLE) \_\_\_\_\_

DIVISION \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

APPROPRIATE MGMT OFFICER \_\_\_\_\_

1. Based on the information presented and your own knowledge, how would you rate your predisposition toward telecommuting as an alternative work option at UCF?
  - a. Very skeptical of success
  - b. Moderately skeptical of success
  - c. No opinion about success
  - d. Moderately confident of success
  - e. Very confident of success
  
2. Based on the job characteristics (i.e., a job must be portable) and on your own judgment, is the work done by any of your staff suitable for telecommuting at least part of the time?
  - a. Yes
  - b. No (If no, this completes the survey for you. Please return it with the top section complete.)
  
3. Do you want to participate in this program as a supervisor of telecommuters?
  - a. Yes (If yes, go to question #5)
  - b. No
  
4. If not, why not? (Please circle any items that apply.)
  - a. I am not willing to meet the conditions for participation.
  - b. I am opposed to making telecommuting available to anyone.
  - c. I believe the incentive to "goof off" while telecommuting would be too strong.
  - d. I don't want to have to defend the decision that some of my staff are allowed to telecommute, while others are not.
  - e. I don't believe there is any way to assess productivity changes due to telecommuting.
  - f. It is not fair to the employees who are not selected to telecommute.
  - g. Other (please specify)

\_\_\_\_\_  
\_\_\_\_\_

If you answered question #4, this completes the survey for you.

5. Assume you are a supervisor of a telecommuter. With that in mind, please rate the following telecommuter and supervisor characteristics. Please carefully consider each item and rate each one as either: High (H), Medium (M), or Low (L).

**Characteristics of a Telecommuter:**

a. Need for supervision

H    M    L

b. Need for frequent feedback from others

H    M    L

c. Self-starting

H    M    L

d. Importance of office direction to work function

H    M    L

e. Initiative in requesting advice or clarification when needed

H    M    L

f. Motivation derived from prospect of promotion

H    M    L

g. Self-discipline regarding work

H    M    L

h. Reliability concerning work hours

H    M    L

i. Self-discipline with respect to personal issues (eating habits, etc.)

H    M    L

j. Computer literacy level

H    M    L

k. Desire or need to be around people

H    M    L

l. Need for scheduling flexibility due to family responsibilities

H    M    L

m. Potential for interruptions at home if telecommuting

H    M    L

**Supervisor Characteristics:**

a. Positive attitude toward telecommuting

H    M    L

b. Trust in employees' abilities to telecommute

H    M    L

c. Organization and planning skills

H    M    L

d. Ability to establish clear objectives

H    M    L

e. Provide formal feedback to employees on a regular basis

H    M    L

f. Flexibility

H    M    L

g. Ability to communicate with employees

H    M    L

h. Product oriented rather than activity or process oriented

H    M    L

6. Considering the types of work your staff performs, what is the maximum amount you would expect them to telecommute? (Number of days per week)

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7. What types of work would you expect your staff to do while telecommuting?

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8. Considering the types of work you will expect your staff to perform while telecommuting, what equipment will they need?

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9. Would you prefer that your staff telecommute?

a. All day

b. Only part of the day

c. Other (please specify) \_\_\_\_\_

10. Are there any of your staff currently involved in some form of telecommuting?

a. Yes

b. No

11. If you have any staff currently telecommuting, what is the frequency?

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12. What is the length (duration) of their telecommute?

a. All day

b. Part of a day

c. Some of both

13. In your opinion, what problem will telecommuting help solve? (Circle all that apply)

a. Recruiting/retention of employees

b. Productivity

c. Reduction in full costs for employees

d. Reduce office space needs/costs

e. Reduce absenteeism

f. Reduce urban traffic congestion

g. Other (please specify) \_\_\_\_\_

**ADDENDUM E  
EMPLOYEE SCREENING SURVEY  
UCF TELECOMMUTING PROGRAM**

NAME \_\_\_\_\_

DATE \_\_\_\_\_

POSITION (JOB TITLE) \_\_\_\_\_

DIVISION \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

APPROPRIATE MGMT OFFICER \_\_\_\_\_

**NOTE: The purpose of this survey is two-fold; one is to help your supervisor decide whether or not your position is conducive to telecommuting, and secondly to provide statistical information for UCF'S Telecommuting Pilot Program.**

1. Do you believe that your job will permit you to telecommute at least part of the time (please circle one)?
  - a. Yes
  - b. No
  
2. The following two groups of characteristics relate to your job and to you. Please carefully consider each characteristic and rate as either: High (H), Medium (M), or Low (L). Please circle only one for each characteristic.

Characteristics that is typical of your job:

- a. Amount of face-to-face communications required.....H M L
- b. Ability to "group" required face-to-face communications into predetermined time periods.....H M L
- c. Degree of telephone communication required.....H M L
- d. Amount of interface with data bases not on the PC .....H M L
- e. Amount of time spent working at a terminal or PC.....H M L
- f. Availability of quantitative measures for assessing performance (how many reports, forms, cases completed, etc.).....H M L
- g. Clarity of objectives for a given work effort .....H M L
- h. Autonomy (degree of independence/self-determination).....H M L
- i. Ability to control and schedule work flow .....H M L
- j. Amount of in-office reference material required .....H M L
- k. Amount of physical access to special resources required .....H M L
- l. Ability to "group" in-office reference/resource requirements into predetermined time periods.....H M L

- m. Amount of concentration required .....H M L
- n. Need for physical security of data.....H M L

Characteristics that describe you:

- a. Need for supervision .....H M L
- b. Need for frequent feedback from others .....H M L
- c. Self-starting.....H M L
- d. Importance of office direction to work function .....H M L
- e. Initiative in requesting advice or clarification when needed .....H M L
- f. Motivation derived from work itself.....H M L
- g. Motivation derived from prospect of promotion .....H M L
- h. Self-discipline regarding work .....H M L
- i. Reliability concerning work hours.....H M L
- j. Self-discipline with respect to personal issues (eating habits, etc.).....H M L
- k. Computer literacy level .....H M L
- l. Desire/need to be around people .....H M L
- m. Need for scheduling flexibility due to family responsibilities .....H M L
- n. Potential for interruptions at home if telecommuting.....H M L

3. Taking into consideration the nature of your job, how much time would you like to spend telecommuting?

- |                              |   |
|------------------------------|---|
| a. Less than 1 day per month | e. 2 days per week                      |
| b. 1 day per month           | f. 3 to 4 days per week                 |
| c. 1 day every 2 weeks       | g. every day, with weekly office visits |
| d. 1 day per week            |   |

4. What types of work would you expect to do while telecommuting? (Circle all that apply)

- a. Writing/typing
- b. Word processing
- c. Data management/computer programming
- d. Administrative (e.g., progress reports)
- e. Graphics/layout
- f. Reading
- g. Research
- h. Working on the phone
- i. Sending/reading electronic mail
- j. Meeting people
- k. Thinking/planning
- l. Other (please specify): \_\_\_\_\_

5. Given the amount of telecommuting you would like to do and the types of work you would do while telecommuting, what equipment/services would you need and which of those do you currently have at home (check as many as apply)?

CURRENTLY  
NEED    HAVE

- |                          |                          |                                     |
|--------------------------|--------------------------|-------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | computer/terminal                   |
| <input type="checkbox"/> | <input type="checkbox"/> | printer                             |
| <input type="checkbox"/> | <input type="checkbox"/> | modem                               |
| <input type="checkbox"/> | <input type="checkbox"/> | additional phone line               |
| <input type="checkbox"/> | <input type="checkbox"/> | software                            |
| <input type="checkbox"/> | <input type="checkbox"/> | typewriter                          |
| <input type="checkbox"/> | <input type="checkbox"/> | desk, filing space, other furniture |
| <input type="checkbox"/> | <input type="checkbox"/> | other (please specify): _____       |

6. What pay plan are you under?

- a. University Support Personnel System (USPS)
- b. Administrative and Professional (A&P)
- c. Faculty
- d. Other

7. Years in current position (the position with your current general job duties):

- |                     |                    |
|---------------------|--------------------|
| a. Less than 1 year | d. 5 to 6 years    |
| b. 1 to 2 years     | e. 7 to 8 years    |
| c. 3 to 4 years     | f. 9 or more years |

8. Total years of work experience (include full and part-time, paid and volunteer experience):

- |                     |                     |
|---------------------|---------------------|
| a. Less than 1 year | f. 9 to 10 years    |
| b. 1 to 2 years     | g. 11 to 12 years   |
| c. 3 to 4 years     | h. 13 to 15 years   |
| d. 5 to 6 years     | i. 16 to 18 years   |
| e. 7 to 8 years     | j. 20 or more years |

9. Total years of work experience at UCF (include full and part-time experience): \_\_\_\_\_

10. Your current position:

- a. Clerical/secretarial, non-supervisor
- b. Professional, non-supervisor
- c. Technical or administrative, non-supervisor

- d. Supervisor
  - e. Manager (a person who supervises supervisors)
  - f. Other
11. Does the major portion of your job have a set number (quota) of specific work products that you are routinely expected to complete (e.g., cases, forms) in a set period of time?
- a. Yes                      b. No

**Definition:** In this questionnaire, "official office" refers to the worksite where you regularly perform your job.

12. Indicate the type of workstation you utilize at your official office:

- a. Private cubicle
- b. Private office
- c. Semi-private office or cubicle (containing two or more workers)
- d. Open space
- e. Other

13. Availability of parking at your official office

- a. Abundant                      c. Very little
- b. Some                              d. None

14. Convenience of public transportation from your residence to your official office:

- a. No public transportation
- b. Very inconvenient
- c. Somewhat inconvenient
- d. Somewhat convenient
- e. Very convenient

15. Nature of traffic flow from your residence to your official office at times you are traveling to work:

- a. High traffic with frequent gridlock      c. Moderate traffic
- b. High traffic, but flows smoothly      d. Minimal traffic

16. Indicate your primary means of travel from your residence to your official office:

- a. Automobile (car pool)
- b. Automobile (driving alone)
- c. Van (van pool)
- d. Van (driving alone)
- e. Motorcycle
- f. Public transportation (bus)
- g. Walking
- h. Other \_\_\_\_\_

17. Indicate the amount of time typically required for travel from your residence to your official office:

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18. Indicate the amount of time typically required for travel from your official office to your home:

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19. Indicate the approximate distance in miles from your residence to your official office:

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20. Can you work at home undistracted?

- a. Yes
- b. No

21. If you have a disability, please indicate any request for accommodation related to the proposal for telecommuting.

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BASED ON YOUR PERSONAL OPINION AND EXPERIENCE DURING THE LAST SIX MONTHS PRIOR TO THIS PROGRAM, RATE THE FACTORS IN ITEMS 30 THROUGH 59.

Use the following scale for your responses:

**A Excellent B Good C Fair D Poor**

22. Quality of your work .....A B C D

23. Quantity of your work .....A B C D

24. Timeliness of your completion of work assignments .....A B C D

25. Your efficiency (relative time required to accomplish a given amount of work)  
.....A B C D

26. Your interest in your work .....A B C D

27. Level of creativity or initiative regarding your work .....A B C D

28. Your overall motivation toward work .....A B C D

29. Your chances for a fulfilling career .....A B C D

30. The fairness of distribution of work assignments in your organizational unit  
.....A B C D

31. Assigned time frames for completing work assignments .....A B C D

32. The challenge of your current work assignments .....A B C D

33. Convenience of access to job-related material/equipment .....A B C D

34. Quality of your relationship with co-workers .....A B C D

35. Effectiveness of your communication with fellow employees in your  
organizational unit .....A B C D

36. Effectiveness of work-related communication with individuals from other  
organizations .....A B C D

37. Convenience of your schedule of work hours relative to meeting work-related requirements and interests .....A B C D
38. Convenience of your schedule of work hours relative to meeting your personal life requirements and interests .....A B C D
39. Your sense of belonging to your organization .....A B C D
40. Your self-esteem as a worker .....A B C D

**YOUR PERSONAL LIFE PRIOR TO THE PROGRAM**

41. Quantity of time available for family/personal life .....A B C D
42. Quantity of time available for social/recreational activity .....A B C D
43. Flexibility of dependent care options .....A B C D
44. Your physical health .....A B C D
45. Your mental health .....A B C D

**YOUR WORK ENVIRONMENT (OFFICIAL OFFICE)**

46. Adequacy of work-related equipment including telecommunications and computer equipment .....A B C D
47. Adequacy of work-related furnishings .....A B C D
48. Adequacy of work-related space .....A B C D
49. Comfort of your work station .....A B C D
50. Freedom from distraction at your work station .....A B C D
51. Health-related quality of your work environment .....A B C D

**YOUR INDIVIDUAL COSTS PRIOR TO THE PROGRAM**

Use the following scale for your responses to items 60 to 63

**A Very high      B High      C Moderate D Low**

52. Job-related transportation costs (day-to-day) .....A B C D
53. Job-related miscellaneous costs (day-to-day) .....A B C D
54. Dependent care costs .....A B C D
55. Home maintenance/utility costs .....A B C D

FOR ITEMS 56-60, SELECT THE RESPONSE CLOSEST TO YOUR INTENDED ANSWER REGARDING YOUR EXPERIENCE **PRIOR** TO THIS PROGRAM

56. Which one of the following applies to your current schedule of work hours?
- a. Permanent or rotating shifts occurring primarily between 6 p.m. and 7 a.m. on weekdays or weekends
  - b. Primarily normal business hours (between 7 a.m. and 6 p.m., no weekends)

- c. Primarily normal business hours (including both weekdays and weekends on a regular basis)
- d. Mixed and/or rotating shifts with approximately 1/3 to 1/2 of work hours between 7 a.m. and 6 p.m.
- e. Work hours are highly variable and frequently do not occur in continuous shifts
- f. Other (specify)

57. Is your typical schedule of work hours variable (flexible) in such a way that you can frequently (once a week or more) change your schedule by an hour or more?

- a. Yes
- b. No

58. Which one of the following statements applies to your current schedule of work hours?

- a. Work hours are primarily set by me but, once established, may not vary
- b. Work hours are primarily set by me and may vary according to my determination
- c. Work hours are primarily set by my supervisor and/or agency management
- d. Work hours are primarily established through negotiated and/or mutual agreement between me and my supervisor and, once established, may not vary
- e. Same as d except work hours may vary
- f. Other (specify)

59. Regardless of your current schedule of work hours, during which one of the following time periods are you likely to be more productive than during normal business hours (7 a.m. to 6 p.m.)?

- a. None, I am likely to be most productive during normal business hours
- b. Late evening, weekdays (after 6 p.m.)
- c. Early morning, weekdays (before 7 a.m.)
- d. Weekends
- e. Combination of b and c
- f. Combination of b and d
- g. Combination of c and d

60. Indicate the overall rating you received in your most recent official performance appraisal

- a. Exceeds Performance Standards
- b. Achieves Performance Standards
- c. Below Performance Standards
- d. Other