

UCF Telecommuting Agreement

New telecommuting request

Annual renewal or extension request

I request approval to participate in the UCF Telecommuting Program and agree to adhere to all applicable program guidelines and policies. If approved, I understand that at the end of the agreement (not to exceed one year), I may request a review to determine if I may receive an extension, or yearly renewal.

_____ Employee Name	_____ Employee ID #	_____ Begin Date	_____ End Date
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Pay, Attendance, Leave, and Overtime:

All pay, leave, and travel entitlement will be based on the employee's official location. The employee's time and attendance will be recorded as performing official duties at the official duty station.

Employees must obtain supervisory approval before taking leave or working overtime in accordance with established office and university procedures, applicable laws, and rules.

The employee and department will be responsible for submitting applicable Human Resources' forms, including but not limited to: Annual Leave, Sick Leave, FMLA, Medical Leave, Parental Leave, and Leave Without Pay Requests.

UCF-Owned Equipment:

To effectively perform their assigned tasks, employees may use UCF equipment at their telecommuting location. The equipment must be protected against damage and unauthorized use. The department will be responsible for appropriate inventory control and will maintain an Authorization for Off-Campus Use of University- Owned Property Form until equipment is returned.

UCF-owned equipment must be used for official UCF business and its use must comply with the University Information Technology policies.

UCF-owned equipment must utilize full (e.g. hard drive) encryption capabilities to mitigate the threat of data exposure.

Liability:

UCF will not be liable for damage 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), associated with the use of the employee's residence. The employee may be entitled to reimbursement for authorized expenses incurred while conducting business for UCF, as provided for by applicable policies and 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. It is highly recommended that the employee meet weekly on campus with their direct supervisor to discuss work assignment progress and receive new assignments going forward.

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 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 telecommuting, and during the entire telecommuting period, must indicate an overall rating that is equal to or greater than the rating of "satisfactory" (for A&P personnel) and "effective" (for USPS personnel).

Security of Data:

The employee will apply approved safeguards to protect UCF data from unauthorized disclosure or damage and will comply with UCF Policy 2-100.3, *Florida Public Records Act – Scope and Compliance*. Work performed 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 UCF Policy, 4-007, *Security of Mobile Computing, Data Storage, and Communication Devices*, and UCF Policy, 4-008, *Data Classification and Protection*.

Curtailed of the Agreement:

The employee may terminate participation in the Telecommuting Program at any time. The university reserves the right to terminate this Telecommuting Agreement, or adjust the telecommuting schedule at any time.

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

UCF TELECOMMUTING Details

Division/College: _____ Department: _____ Empl. ID: _____

Current position title: _____ Pay Plan: USPS A&P

Official work location: _____ Faculty Other

Telecommuting location(s): _____

Reason(s) for telecommuting: _____

Type of work: _____

Employee:

Proposed TELECOMMUTING Schedule		
Day	Hours at Official Work Location	Hours at Telecommuting Location
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Supervisor:

Do these attributes describe the employee?	Y/N
Communicates effectively , whether face-to-face, by email, phone, etc.	
Displays independent problem solving abilities.	
Is a self-starter.	
Is able to plan, schedule and manage work independently.	
Is reliable and meets timelines consistently.	
Maintains confidentiality in the workplace.	
Takes initiative in requesting advice or clarification from others.	
Understands the work objective(s).	
Works independently with minimal direct supervision.	
Works well without frequent interaction or feedback from others.	

The employee acknowledges having read, understands, and agrees to abide by this Telecommuting Agreement and the UCF Telecommuting Program Manual; and will submit all applicable university forms associated with telecommuting if approved. **Please forward the completed form to the Human Resources Leave of Absence Department for final review and processing.**

Staffing	Signature	Print Name	Date	Approve? Y/N
Requestor				NA
Supervisor				
Director, Chair, Dean or Designee				
Provost or Vice President				
Human Resources				