

## **Telecommuting Agreement**

## **Employee Information:**

Name:	
Title:	
Email Address:	
Department/Project:	
Manager/Supervisor:	
Home Address:	
Primary Contact Number:	

**Telecommuting Schedule:** The employee and supervisor may use the space below to record the expectations for the telecommuting agreement. Please note, however that the RF may require the employee to alter this arrangement at the RF's discretion, where the RF deems appropriate or necessary.

Start Date			
Regular Telecommuting Days (check all that apply)	□ N □ T □ V	Sunday Monday Tuesday Wednesday Thursday	
		Friday Saturday	
Regular Telecommuting Hours	Start:	to	
	End:	to	
If no regular days are set or if schedule is subject to change, please describe:			
Approved Telecommuting location:			
Proposed Work Plan:			



## Terms & Conditions of the Telecommuting Agreement

By signing this agreement, the employee agrees to the duties, obligations, responsibilities and conditions for telecommuters described in this document and understands it may be amended. Both parties understand and agree that telecommuting is not a formal, universal employee benefit. There is no "assumed" right to telecommute.

**Workers' Compensation** – The employee is covered by Workers' Compensation if injured in the course of performing official duties at the telecommuting location. Employees must notify their supervisors immediately and complete all necessary and/or management-requested documents regarding the injury. Accident reporting and investigation procedures are not affected by work location.

**Liability** – The Foundation will not be liable for damages to the employee's equipment of property that arise from the employee's participation in the telecommuting program, nor will the Foundation be liable for damage or injuries to third parties with respect to the telecommuting arrangement.

**Equipment & Supplies** – RF equipment or supplies made available to the employee in connection with the telecommuting arrangement will be used for business purposes only and will be protected from unauthorized access. Upon termination of this agreement, all RF equipment will be immediately returned in the same good condition as it was received by the employee, reasonable wear and tear excepted.

**Security/Confidentiality** – The employee acknowledges that all RF policies and procedures, including those regarding security and confidentiality of information, including data and files, remain in full force and effect with respect to the telecommuting arrangement.

**Costs** – The RF will not be responsible for operating costs, home maintenance, or any other incidental costs (e.g., utilities), associated with the use of the employee's residence to conduct RF business with respect to the telecommuting arrangement.

**Leave** – Deviations from the telecommuting work schedule outlined above require the use of appropriate leave accruals in accordance with RF leave policies.

**Duration and Termination of Agreement** – This agreement will remain in force and effect until terminated. Either the employee or the RF may choose to discontinue the telecommuting assignment. Additionally, the manager may determine that the telecommuting schedule must be adjusted.



**Conditions of Employment** – The employee understands and agrees that this telecommuting agreement does not change the Foundation's "at will" status or any terms and conditions of employment such as salary, position responsibilities, benefits, policies and procedures. The employee agrees to limit performance of officially assigned duties to the official work location or to the Foundation approved home location. The employee agrees that s/he remains obligated to comply with all Foundation policies and procedures, as well as those in the telecommuting agreement and attachments.

I hereby affirm by my signature that I have read this Telecommuting Agreement and understand and agree to all of the provisions.

Employee	Date
Manager/Supervisor	Date
Operations Manager or Designee	Date