

Telework/Commuting Request and Agreement Form

This document is intended to ensure that both the supervisor and the employee have a clear, shared understanding of the employee's telework arrangement. Each telework arrangement is unique depending on the needs of the position, supervisor, and employee. This form can be adapted to unit requirements as necessary.

This telework agreement is not a contract of employment and does not provide any contractual rights to continued employment. It does not alter or supersede the terms of the existing employment relationship.

Employee Telework/Commuting Information

Employee Name: _____

Job Title: _____

Department: _____

Supervisor: _____

Arrangement requested by: Employee Supervisor

Location where telework will be performed: _____

Telework arrangement effective dates: _____

Job Duties

The general expectation for a telework arrangement is that the employee will effectively accomplish their regular job duties, regardless of work location. If there are telework-specific job duties and/or expectations, specify them in the box below, or enter N/A. Sample text: Employee will indicate telework days in their email signature. In-person attendance at quarterly divisional meetings is expected.

Work Schedule and Location

Work Day	Work Hours	Work Location
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

Telework/Commuting Review

Specify day(s)/time(s) to meet and discuss the effectiveness of the telework arrangement, or enter N/A.

Telework/commuting plan review day(s)/time(s): _____

Telework/Commuting Request and Agreement Form (cont.)

Alternate Arrangement

Specify details if arrangement is outside standard schedule (For example: Fully remote but in-person attendance may be required to perform specific reoccurring tasks): _____

Workspace Description

Briefly describe your workspace, including furniture and equipment to be used and number of electrical outlets. Please also note any challenges that you believe you may encounter based on limitations of your designated workspace (i.e. size, lack of internet connection, hazards, etc.)

Equipment

On a case-by-case basis, the University of Tennessee Health Science Center (UTHSC) will determine the appropriate equipment needs for each telecommuting arrangement. Equipment supplied by UTHSC will be maintained by UTHSC. Equipment supplied by the employee, if deemed appropriate by UTHSC, will be maintained by the employee. UTHSC accepts no responsibility for damage or repairs to employee-owned equipment. UTHSC reserves the right to make determinations as to appropriate equipment, subject to change at any time. Equipment supplied by the organization is to be used for business purposes only. The telecommuter must sign an inventory form of all UTHSC property received and agree to take appropriate action to protect the items from damage or theft. Upon termination of employment, all company property will be returned to the company, unless other arrangements have been made.

The employee will establish an appropriate work environment within his or her home for work purposes. UTHSC will not be responsible for costs associated with the setup of the employee's home office, such as remodeling, furniture or lighting, nor for repairs or modifications to the home office setup.

Employee's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

Dean/Vice Chancellor Approver Signature: _____

Human Resources Officer/Designee Signature: _____

HUMAN RESOURCES: 901.448.5600 | hr@uthsc.edu