

University of Houston System COVID-19 Telecommuting Form

I. Short-term Work Arrangement – Related to COVID-19

1. This is an agreement between _____ (“the department”) and _____ (“Employee”) to establish the terms and conditions for performing work at an alternate work site.
2. This agreement will begin on _____ and anticipated to continue through _____. The following conditions apply:
 - a. Employee’s telecommuting schedule is _____.
 - b. Employee’s regular telecommuting site location is _____.
 - c. Employee’s contact phone number is _____.
3. While telecommuting, Employee will:
 - a. remain accessible by phone or electronically during the telecommute work schedule;
 - b. be responsible for establishing effective communication among co-workers and customers and to check in with the supervisor to discuss status and open issues;
 - c. be available for teleconferences, scheduled on an as-needed basis;
 - d. request supervisor approval in advance of working any overtime hours (if employee is non-exempt);

II. Safety & Equipment; Information Security

1. Employee agrees to maintain an adequate, safe, and secure work environment and to report work-related injuries to Employee’s supervisor at the earliest reasonable opportunity. Employee agrees to hold the University harmless for injury to others at the alternate work site.
2. Regarding space and equipment purchase, set-up, and maintenance for telecommuting purposes:
 - a. Employee is responsible for providing space, telephone, printing, networking and/or Internet capabilities at the telecommute location, and shall not be reimbursed by the employer for these or related expenses. Internet access must be via DSL, Cable Modem, or an equivalent bandwidth network.
 - b. Employee agrees to protect University-owned equipment, records, and materials from unauthorized or accidental access, use, modification, destruction, or disclosure.
 - c. Employee understands that all equipment, records, and materials provided by the University shall remain the property of the University.
 - d. No Protected Health Information or otherwise confidential information should be kept on personal electronic equipment.
 - e. Employee must follow all other software licensing and copyright laws, as well as all precautions and requirements.

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

Employee’s Name and PS ID

Date

Supervisor’s Name

Date

Please note this form is not mandatory and should be retained in your department files.