University of Houston System  
COVID-19 Temporary  
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 is anticipated to continue  
through ___________________ (For a period up to 10 days).  
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);  
e. be responsible for fulfilling their job duties and responsibilities.  

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.

III. University COVID-19 Protocols

1. Employee is responsible for complying with University’s COVID-19 Protocols. In addition, Employee is required to provide additional documentation and complete the following forms, as applicable.

   a. In a case of potential exposure: Employee must complete the UH Reporting Potential Exposure Form.

   b. In a case of COVID-19 diagnosis: Employee must complete the UH Reporting Diagnosis Form.

   c. Prior to returning to campus: Employee must complete the Request to Return to Campus Form.

2. Supervisor is responsible for:

   a. Ensuring Employee compliance with University’s COVID-19 Protocols;

   b. Maintaining active dialogue and communication with Employee during the period of temporary telecommuting.

   c. Monitoring eligibility for Employee’s participation in the Temporary Telecommuting Program, including fulfillment of their University job duties and responsibilities.

I hereby affirm by my signature that I have read this Telecommuting Agreement and University COVID-19 Protocols and I understand and agree to all the provisions.

_________________________________________  __________________________
Employee’s Name and PS ID          Date

I hereby affirm by my signature that I have read this Telecommuting Agreement and University COVID-19 Protocols and I understand and agree to all the provisions.

_________________________________________  __________________________
Supervisor’s Name             Date

_________________________________________  __________________________
Vice President’s Name or Designee         Date

Maintain a form within your department files and forward a copy to Human Resources at hrsc@uh.edu.