

**EMPLOYEE NAME** (last, first, MI): \_\_\_\_\_

**START DATE:** \_\_\_\_\_

**END DATE:** \_\_\_\_\_

**PLEASE INDICATE TELECOMMUTING DAYS:**     M     T     W     TH     F     S     SUN

**INDICATE TELECOMMUTING HOURS:** \_\_\_\_\_

Note: Telecommuting agreements shall be limited to periods of no more than 12 months and after review, may be extended annually in 12-month increments.

Employees and units entering into a Telecommuting agreement must agree to adhere to the guidelines and policies below.

**Pay and Attendance:** All pay, leave, and travel entitlement will be based on the employee's approved remote work location and employee's time and attendance will be recorded as performing official duties at the approved remote work location.

**Leave:** Employees must obtain supervisory approval before taking leave in accordance with Georgia Tech policy and the established campus unit and office procedures.

**Overtime:** If the employee works overtime that has been scheduled and approved in advance, he/she will be compensated in accordance with applicable law and rules. Overtime work **will not** be compensated without prior supervisor approval. Failure to obtain advance approval for overtime may subject the employee to disciplinary action. By signing this agreement, the employee acknowledges that failure to obtain proper approval for overtime may result in the termination of the telecommuting arrangement and / or other appropriate action.

**Personal Activities:** The employee agrees that any time spent on personal responsibilities while telecommuting will not conflict with the hours spent preparing work assignments. The employee acknowledges that their supervisor will monitor work productivity standards and may terminate this agreement if such standards are not maintained.

**Standards of Conduct:** The employee acknowledges that he/she is still subject to Georgia Tech's standards of conduct and other established state laws, department policies, procedures and acceptable practices and understands that failure to do so may subject the employee to disciplinary action.

**State Owned Equipment:** In order to effectively perform their assigned tasks, employees may use Georgia Tech equipment at their telecommuting location with the approval of their supervisor. The equipment must be protected against damage and unauthorized use and Institute owned equipment will be serviced and maintained by Georgia Tech. The employee must not use Georgia Tech equipment for personal purposes.

- **Equipment Loan Agreement Form:** This form must be completed and approved prior to removal of state property from the regular work site. Failure to complete the [Equipment Loan Agreement Form](#) will result in the personal liability of the employee in the event the property is damaged, lost or stolen.

Equipment provided by the employee will be at no cost to Georgia Tech, and will be maintained by the employee.

**GT System:** The employee agrees to abide by the [Institute Computer & Network Usage and Security Policy](#) while telecommuting. The policy addresses employee behavior requirements for the protection of Institute information technology resources.

**Liability:** Georgia Tech will not be liable for damages to the employee's property or for visitor or family injuries at the work site resulting from participation in the telecommuting arrangement.

**Reimbursement:** Georgia Tech 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 remote work location. This does not relinquish any entitlement to reimbursement for authorized expenses incurred while conducting business for the State, as provided by statute and implementing regulations.

**Telecommuting Site Safety and Workers Compensation:** The employee must maintain a safe and ergonomically correct workstation. The employee may be covered by workers' compensation for job-related injuries that occur in the course and scope of his/her employment while telecommuting. The employee is responsible for reporting work related injuries to his/her supervisor/manager within 24 hours in compliance with Institute policy. The employee understands that verified negligence or failure in this regard may subject the employee to disciplinary action and/or revocation of telecommuting privileges.

**Work Assignment:** The employee will meet with the supervisor to receive assignments and to review completed work as necessary or appropriate. The employee will complete all assigned work according to work procedures mutually agreed upon by the employee and the supervisor according to guidelines and standards stated in the employee's performance plan.

**Evaluation:** The evaluation of the employee's job performance will be based on norms or other criteria consistent with these guidelines. For those assignments without precedence or without standards, regular and required progress reporting by the employee will be used by the supervisor to rate job performance and established standards. The employee's most recent performance appraisal must indicate satisfactory performance in order to receive approval for participation or maintain participation in the telecommuting arrangement.

**Records:** Work performed in accordance with this agreement is considered official State business and the employee will apply approved safeguards to protect State/Georgia Tech records from unauthorized disclosure or damage and will comply with the public record requirements. All records, papers, and correspondence must be safeguarded for return to the official location. Release or destruction of any records should be done at the official location according to statute and regulation. Computerized files are considered official records and should be similarly protected.

<b>TELECOMMUTING INFORMATION</b>	
<b>Telecommuting Site:</b>	Address _____ City _____ State _____ Zip _____
<b>Methods of communication on telecommuting days:</b>	<input type="checkbox"/> Phone _____ <input type="checkbox"/> Email address _____
<b>What system access will you need?</b>	<input type="checkbox"/> Email <span style="margin-left: 100px;"><input type="checkbox"/> PeopleSoft</span> <input type="checkbox"/> Database <span style="margin-left: 100px;"><input type="checkbox"/> Banner</span> <input type="checkbox"/> Virtual Private Network (VPN) <span style="margin-left: 60px;"><input type="checkbox"/> TechWorks</span> <input type="checkbox"/> Other _____
<b>Duties &amp; assignments to be performed at alternate worksite:</b>	_____ _____ _____ _____

<b>Methods of evaluating performance:</b>	<hr/> <hr/> <hr/> <hr/> <hr/>			
<b>What equipment &amp; supplies will be needed?</b>	<b>Type</b>	<b>Supplied by Department</b>	<b>Supplied by Employee</b>	<b>Not Needed</b>
	Computer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Software	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	List of Software:	<hr/>		
	Printer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Modem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	DSL/Cable/Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Add'l Phone Line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Desk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Lockable File Cabinet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Cell Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Voicemail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other	<hr/>		
<b>Technical Support:</b>	Who is responsible for setting up the employee's technology and systems?			
	<input type="checkbox"/> Department	<input type="checkbox"/> Employee		

By signing this agreement, I certify that I have reviewed, understand and agree to abide by the Institute's Telecommuting Arrangement, including, but not limited to:

- a. work hours and accessibility
- b. performance expectations
- c. revocability of the agreement

**ACKNOWLEDGEMENT**

Employee \_\_\_\_\_ Date \_\_\_\_\_

**APPROVAL**

Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Department Head \_\_\_\_\_ Date \_\_\_\_\_

**ACKNOWLEDGEMENT OF APPROVAL**

HR Representative/HR Contact \_\_\_\_\_ Date \_\_\_\_\_

Original: HR Rep/HR Contact  
Copies: Supervisor and Employee

***NOTE:** The Flexible Working Arrangements Agreement Form is also required to request the Telecommuting option.*