



The University of Texas Health Science Center at Houston

TELECOMMUTING AGREEMENT

Date: _____

Employee's Name: _____ **Title:** _____

Supervisor's Name: _____ **Department:** _____

1. Remote workplace location (street address and city):

2. Describe designated work area (e.g., home office section of living room, etc.).

3. Telecommuting work schedule (indicate day(s) and hours):

4. Typical assignment to be worked on by the employee at the remote workplace location:

5. The decision whether to install telecommunications facilities (e.g., business telephone line or data circuit) will be made between the department and the employee based on consultation with Information Technology. If such facilities are installed, the expenses will be handled as follows:

6. The following UTHealth equipment and software will be used by the employee in the remote workplace location and will be returned to the UTHealth immediately upon expiration of this agreement:

7. Communication (i.e., e-mail, voice mail, etc.) will be handled as follows:

8. Time and/or project accounting and documentation will be provided through weekly submission of reports on hours worked each day and on the number of hours spent on specific assigned projects.

9. Additional conditions agreed upon by the telecommuting employee and the supervisor, are as follows:

10. Planned expiration of agreement (if applicable):
11. Long distance business telephone calls, either voice or data, made from the remote workplace location will be made using a UTHHealth issued calling card or via the telephone system remote access service and others.
12. The employee agrees to allow appropriate UTHHealth personnel to inspect the employee's designated remote workplace location at mutually agreed upon times to confirm that safe and appropriate working conditions exist.

This Agreement is subject to the terms stated in the UTHHealth Telecommuting Guidelines, including the provisions for cancellation under conditions stated in the guidelines. One original of the agreement is to be maintained in the departmental file and one original is to be retained by the employee. By signing this Telecommuting Agreement, the employee certifies as follows: "I have read and understand The University of Texas Health Science Center at Houston Telecommuting Guidelines".

Employee Signature

Date

Supervisor Signature

Date

Department Head Signature

Date