



Telecommuting Agreement

Western Illinois University
1 University Circle
Macomb, IL 61455
Phone: 309/298-1971
www.wiu.edu/hr/

WESTERN
ILLINOIS
UNIVERSITY

Please print or type information.

Agreement Parties

This agreement is between Western Illinois University and (Name of Employee:) _____

This Agreement is effective from (dates): _____ to _____

Employee Information

Last Name: _____ First Name: _____ Middle Initial: _____

WIU I.D. #: _____

Off-Campus Work Site Street Address: _____

City: _____ State: _____ Zip Code: _____

Position Title: _____

Department Name: _____

Direct Supervisor: _____

Reason for Telecommuting Agreement:

Off-Campus Worksite Information

Physical Address: _____

Mailing Address: _____

Phone (Landline): _____ Cell Phone Number: _____

Instant Message ID: _____ Fax Number: _____ Pager: _____

Email Address: _____

Response Time During Working Hours: _____ Minutes

Work Schedule Information

Monday: _____ a.m. / p.m. to _____ a.m. / p.m. On-campus _____ Off-Campus _____

Tuesday: _____ a.m. / p.m. to _____ a.m. / p.m. On-campus _____ Off-Campus _____

Wednesday: _____ a.m. / p.m. to _____ a.m. / p.m. On-campus _____ Off-Campus _____

Thursday: _____ a.m. / p.m. to _____ a.m. / p.m. On-campus _____ Off-Campus _____

Friday: _____ a.m. / p.m. to _____ a.m. / p.m. On-campus _____ Off-Campus _____

Saturday: _____ a.m. / p.m. to _____ a.m. / p.m. On-campus _____ Off-Campus _____

Sunday: _____ a.m. / p.m. to _____ a.m. / p.m. On-campus _____ Off-Campus _____

Duties & Responsibilities

Duty/Responsibility	Description

Equipment

Employee Provided Equipment: Employee agrees to provide and maintain the following equipment (examples include cell phones, personal pages, cable modem, etc.);

Equipment Type	Description/Function

University Equipment: Western Illinois University agrees it will provide and maintain the following equipment to facilitate this agreement;

Equipment Type (& ID)	Description/Function

Agreement Stipulations

1. My total number of work hours will not change due to my telecommuting, and I will continue to be responsible for completing my electronic timekeeping.
2. There may be times when I will be requested to come to the Macomb or Quad Cities campus on a day that I might have planned to spend at the off-campus work site. My supervisor will try to minimize these unplanned office visits, but I recognize the need for them and will come in when requested. Similarly, there may be weeks when I have to spend more time than planned on the Macomb or Quad Cities campus when the nature of the workload requires it. It will be my responsibility to come into the office at the Macomb or Quad Cities campus as requested during these times.
3. As a telecommuter, the duties, obligations, responsibilities, and conditions of my employment with the University remain unchanged. My salary and benefits (retirement, vacation and sick leave benefits, and insurance coverage) shall remain the same.
4. Work hours, overtime compensation, use of sick leave, and approval for use of vacation will conform to University and campus policies and procedures, departmental guidelines, or to the appropriate collective bargaining agreement, and to the terms otherwise agreed upon by my supervisor and me.
5. I agree to seek advance approval by my supervisor to use sick leave, vacation leave, time off, or any other form of leave. I understand that I will not work overtime unless it has been approved in advance by my supervisor.
6. I agree that I will not be the primary care provider for any dependent during my work hours and I will make regular dependent care arrangements during telecommuting periods.
7. I agree to maintain a safe and secure work environment. Upon reasonable notice, I agree to allow the University access to assess safety and security.
8. I agree to report work-related injuries to my supervisor at the earliest reasonable opportunity. I agree to hold the University harmless for injury to others at the off-campus work site.
9. I understand that my personal vehicle will not be used for University business unless specifically authorized by my supervisor.
10. I agree to use University-owned equipment, records, and materials for the purpose of University business only, and to protect them against unauthorized or accidental access, use, modification, destruction, or disclosure. I agree to report to the supervisor instances of loss, damage, or unauthorized access at the earliest reasonable opportunity.
11. I agree not to download any University data or information onto my personal computer or onto any computer provided by the University in my possession. I agree to save my work on the University's server system whenever I am able. To the extent I am unable to save my work on the University's server system, I agree to save my work onto a disk or CD and place said disk or CD in a locked safe after work hours.
12. I understand that all equipment, records, and materials provided by the University shall remain the property of the University.
13. I agree to return University equipment, records, and materials within 7 days of termination of this agreement. All University equipment will be returned to the University by me for inspection, repair, replacement, or repossession with 7 days written notice.
14. Tax and other legal implications for the business use of the my home are based on IRS and state and local government restriction. I am responsible for tax consequences and other legal implications that may occur including local zoning regulations.
15. I understand that all obligations, responsibilities, terms, and conditions of employment with the University remain unchanged, except those obligations and responsibilities specifically addressed in this agreement.

16. I agree to be available during the assigned business hours as stipulated in this agreement for communication through such methods as dedicated phone line, voice mail, modem, fax, beeper, etc.

17. I understand that any change in this schedule requires advance approval by my supervisor.

The University reserves the right to cancel or modify this agreement at any time.

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

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Vice President/Provost: _____ Date: _____

Director of Human Resources: _____ Date: _____

Policy: Last Edit 6/7/07