



## Phase 3 Telecommuting/Flexible Scheduling Agreement

Employee Name First	Last	MI	The employee will telecommute or have a flexible scheduling arrangement up to  days per week
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Employee Department

Employee will work at this location (address and phone number)

The following conditions for telecommuting/flexible scheduling have been agreed upon by the employee and his/her supervisor

<p>Enter a sample work schedule for this employee using an "x" to identify which days the employee will work either at the University of Georgia or at the alternative worksite. The employee must be available during unit's regularly scheduled hours unless otherwise specified in the additional comments below.</p>		Sun	Mon	Tues	Wed	Thurs	Fri	Sat
	UGA							
	Alternative worksite							
	Flexible scheduling arrangement							

Describe how the employee's telecommuting/flexible schedule will not adversely impact in-person delivery of instruction, research, and/or student services as applicable.

Additional Comments

## Conditions of Employment for Flexible Scheduling

1. The employee must have a formal work schedule established defining standard hours of work in which the employee's duties and responsibilities are performed.
2. The employee must agree to attend in-department meetings as called by management, or regularly scheduled communications virtually or by telephone or email.
3. The employee understands that, if he/she changes positions or is reallocated, it does not necessarily mean that he or she may continue to work at home.
4. The employee understands the alternative work arrangement can be changed or ended at any time by the supervisor regardless of the reason (with or without cause; with or without reason). The employee can also request to end the alternative work site arrangement. This telecommuting/flexible scheduling agreement shall cease at the resumption of regular campus operations.
  - a. Under most circumstances, a reasonable notice period, no less than two weeks, should be provided.
  - b. Notification of the decision to end the alternate location work arrangement will be conveyed verbally and in writing to the employee.
5. Management reserves the right to visit the employee's alternate work site during business hours (normally 8 a.m. to 5 p.m. Monday through Friday unless otherwise stipulated). Managers and supervisors must have the employee's permission to enter the employee's alternate work site if the work site is private property.
6. Management reserves the right to remove any University-owned equipment, materials, working papers, official or working documents from the alternate work site. This includes computer hardware and software which is the property of the University of Georgia. University equipment used in an alternate work situation must be signed for by the employee.
7. Management reserves the right to change Conditions of Employment at any time.
8. Responsibilities of Department Managers and Supervisors:
  - a. Management must establish a communication plan with the employee. This plan must include periodic scheduling of supervisor-employee meetings, participation of the employee at regular employer-sponsored staff meetings, notification of office events, notification of University events, and periodic performance reviews. In situations where the employee is not able to reasonably attend meetings, then management will schedule a periodic/regular schedule of telephonic or email communication. A work plan should be developed by management with the employee.
  - b. Management may inspect the alternate work site to ensure that it is suitable for executing the duties and responsibilities of the assigned position. Periodic inspections of the alternate work site may be conducted to ensure that guidelines are being followed and any University equipment being used is being properly maintained. If geography does not permit an inspection, then management should discuss with the employee where he/she will be working in the alternate site.

### Responsibilities of the Employee:

- a. The employee must request vacation and sick leave as defined by the management and the University's policies and procedures. The employee is responsible for notifying the supervisor if there is a need to take sick or annual leave.
- b. The employee agrees to assume complete responsibility for safeguarding all University-owned equipment to include computer hardware/software, transcription equipment, etc., which is provided for the work site.
- c. The employee agrees not to allow and is responsible for safeguarding against use of any University-owned equipment by non-University employees or other unauthorized individuals. The employee agrees not to use or allow use of any University-owned equipment, to include computer hardware/software, transcription equipment, etc., for non-University use. Non-University use includes employees or persons holding non-University jobs, independent contractor work, etc. The employee agrees to pay for repairs caused by external factors not work related.
- d. The employee is responsible for maintaining confidentiality and security at the alternate workplace, as the employee would at the primary work place. The employee must protect the security and integrity of data, information, paper files, and access to agency computer systems.
- e. The employee must, as a pre-condition to working at an alternative site, set up an appropriate, dedicated work environment.
- f. The employee must sign the "Phase 3 Telecommuting/Flexible Scheduling Agreement" form.
- g. The employee understands that all applicable Board of Regents and University of Georgia Policies and procedures apply to the telecommuter and are subject to change per the employer.

**\*\*Certifications\*\***

I understand this telecommuting/flexible scheduling assignment is not an employment contract and may not be construed as such. I understand this work arrangement does not in any way release me from adherence with the University of Georgia and the Board of Regent policies or procedures. I also understand the telecommuting/flexible scheduling work assignment can be terminated at any time without notice and/or at the resumption of regular campus operations. I certify that I have read, understand, and agree to comply with the terms/conditions of the specific terms/conditions of this Phase 3 Telecommuting/ Flexible Scheduling Agreement.

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Employee name Employee signature Date signed

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Supervisor name Supervisor signature Date signed

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Supervisor e-mail Supervisor phone number

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Unit Head name Unit Head signature Date signed

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Unit head e-mail Unit head phone number

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CPH Dean name CPH Dean signature Date signed

This completed form should be returned to your unit's designated HR Liaison  
A Comprehensive list of HR Liaisons can be found here.