

TELECOMMUTING AGREEMENT FORM

Employee Name:			
Job Title & Appointment Type:			
Division/UDDS:			
Is Telecommuting a Condition of Employment?			
Duration: Beginning through, you are authorized to perform your job responsibilities as a telecommuter			
working from a remote work location, unless you move to another position at the University. This agreement and the			
University's telecommuting policy describe the terms and conditions of this telecommuting arrangement.			
Work Location Address:			
Employee Residence?	Yes No		
Scheduled workdays at alternative	│	☐ Friday	
work location (include times):	U Tuesday	Saturday	
	Wednesday	Sunday	
	Thursday		
Scheduled workdays at UW -	Monday	Friday	
Madison work location: (include	Tuesday	Saturday	
times)	Wednesday	Sunday	
	☐ Thursday		
University Property Loaned:			
*If University property is loaned, send			
(Form must be attached to all transac	tions)		
			Replacement
Quantity Equipment Description, Model and Serial Number			Value
		Т	
Services Provided by the University: i.e. Internet, Cellular, Paging, Phone		01	
Cards, etc.		Cost	
(Form must be attached to all transac	tions)		
Other terms and conditions of telescomm	uting agrapment if any		
Other terms and conditions of telecommuting agreement, if any:			
This agreement does not constitute a contract of employment, and should not be interpreted as greating a contract of			
This agreement does not constitute a contract of employment, and should not be interpreted as creating a contract of employment, either express or implied.			
Check One:			
Check one.	This telecommuting agreement may be	erminated by the Univ	arcity or the
	employee. If the agreement is terminate		
	provided by/for the employee to transition		
	This telecommuting agreement is a condition of employment and may not be		
	terminated by the employee.	altion of employment a	na may not be
Employee Agreement:	tominated by the employee.		
I have read and understood the contents of this telecommuting agreement, this Telecommuting Agreement Form and the			
University telecommuting policy. I agree to abide by all of the requirements of the policy and of this agreement.			
range continuous groups in agree	. 12 marat by an or the requirements of the	rand or and agree	
Employee Signature		Date	
The above-named employee has met all of the terms and conditions of the University telecommuting policy, and approval			
is granted for the employee to participate in accordance with the agreement set forth above.			
a grantou for the employee to participate	good dance man the agreement set to	0.00101	
Supervisor Approval		Date	
Department Chair Approval		Date	
Dean/Director's Office Approval		Date	
= tair=iittiti o tiiitti Appittai	1	_ u.u	