# UCSB Telecommute-Remote Work Agreement

## This agreement is for employees that are telecommuting or work remotely from an alternate worksite. Employee is responsible for reviewing and signing this document, along with other listed documents.

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Supervisors Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee’s Alternate Work Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Effective Dates of Agreement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee is approved to:

[ ]  Telecommute

[ ]  Employee will telecommute on day(s)/time(s) of week: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Employee will telecommute on a variable schedule, upon request/approval

🞎 Work Remotely

[ ]  Employee agrees to obtain advance approval from his/her supervisor prior to making a change in the alternate work schedule listed above.

[ ]  The employee has received a copy of the *UCSB Telecommute-Remote Work Guidelines* [LINK]

[ ]  The employee has read and signed *UCSB Home Office Safety Checklist* [LINK]

[ ]  The employee has read and signed the *UCSB Telecommute-Remote Cybersecurity Checklist*[LINK]

[ ]  Employee understands that s/he is responsible for any tax and insurance consequences related to telecommuting or working from an alternate worksite.

[ ]  If employee is working remotely in a state other than California, the employee has read and signed [*Out-of-State Income Tax Withholding* (UPAY 830)](http://www.bfs.ucsb.edu/sites/www.bfs.ucsb.edu/files/forms/Upay%20830%20-%20Out-of-State%20Income%20Tax%20Withholding%20Form.pdf)

[ ]  Employee understands that s/he is not approved to provide child care or other caregiving at the same time they are expected to perform their assigned duties.

[ ]  Employee understands that s/he cannot operate a personal business or work for another employer during University work hours.

[ ]  Employee understands that all equipment and services to support work at the alternate worksite are provided by the employee.

OR

[ ]  Employee understands that the University will provide University equipment and full or partial reimbursement for services to support work at the alternate worksite. The employee has read and signed this agreement:

[ ]  *UCSB Employee Agreement for University Purchased Equipment* [LINK]

[ ] Employee understands that s/he is required to return any University property upon request.

[ ]  The employee has completed or agrees to complete the following training within 6 weeks of starting to work from an alternate work location. All training is available online via the University’s Learning Center at <http://learningcenter.ucsb.edu>

* UCSB Online Ergonomic Training & Assessment (for alternate worksite)
* UC Cybersecurity Awareness Training
* Injury and Illness Prevention Program (IIPP) Training

[ ] Employee understands that the agreement to telecommute or work remotely can be terminated at any time by the University with or without advance notice.

[ ] If the employee requested to telecommute or work remotely, the employee agrees to provide management reasonable advance notice if the employee is terminating this agreement.

[ ] If the employee was originally hired to work remotely, the employee understands s/he may not have the option to discontinue the remote work arrangement and request a work location at a UCSB worksite without the agreement of the hiring department.

**EMPLOYEE:** I have read, understood, and agree to the terms and conditions of this Agreement:

Employee Signature Date

**SUPERVISOR:**

Supervisor Signature Date