**NUNM Telecommuting/Remote Work Agreement Form**

This agreement outlines the terms and conditions under which Employee Name:       Employee Title:       will be allowed to work from home, also known as “telecommuting/remote work.” The agreement is effective ***START DATE*** and will continue through ***END DATE****,* and must be renewed annually to continue. This agreement can be withdrawn with ***five business days***written notice by the unit head, also known as UIC managing supervisor, Supervisor Name: Supervisor Title:  without adverse repercussions.

1. The employee will work remotely from the following alternative worksite address: **.**
2. The employee agrees to be available during the assigned business hours of  to  for communication through such methods as phone, Zoom, Teams, email, etc., and agrees to respond to all inquiries and requests for information within a reasonable timeframe.
3. Employee initiated schedule changes must be with advance approval by the NUNM managing supervisor.
4. Work hours, overtime compensation, use of benefit time and/or compensatory time must be approved in advance and in accordance with NUNM policies and procedures, departmental guidelines, and/or the applicable corrective bargaining agreement.
5. The duties, obligations, responsibilities and conditions of the employee's employment with NUNM remain unchanged. The employee's salary, retirement, vacation and sick leave benefits accrual, and insurance coverage shall remain the same during the telecommuting agreement.
6. The specific duties and assignments to be performed remotely are listed below or attached: . The managing supervisor reserves the right to assign other work as necessary to meet department and university business needs.
7. Effective communication is essential for this arrangement to be successful, therefore, the following methods and times of communicating are agreed upon:
	* [**SPECIFY**: when, how often, during what time frames, communication method (phone, email, etc.)]

1. The employee agrees to remain accessible during designated work hours, and understands that ***UNIT*** reserves the right to modify this agreement as a result of university needs and/or business necessity.
2. The employee will provide sufficient documentation as required by the NUNM managing supervisor, detailing the type and amount of work conducted while working remotely.
3. The employee agrees to maintain a safe and ergonomically sound work environment, to report work‐related injuries to the managing supervisor at the earliest opportunity, and to hold NUNM harmless for injury to others at the remote work location. Prior to approval being granted for ongoing remote work, employee will provide a picture of their workspace to HR for approval.
4. The employee agrees to provide a secure location for NUNM‐owned equipment and materials, and will not use, or allow others to use, such equipment for purposes other than NUNM business. All equipment, records, and materials provided by NUNM shall remain NUNM property. The employee agrees to allow the University reasonable access to its equipment and materials. An Equipment Loan Form must be on file with the unit for any NUNM-owned equipment that has been assigned to the employee.
5. The employee will implement necessary steps for good information security in the remote work setting and will check with his/her managing supervisor if security matters are an issue. The employee has obtained and read a copy of NUNM’s appropriate use and security requirements and procedures.
6. The employee agrees to use university-owned equipment, records, and materials for purposes of university business only, and to protect them against unauthorized or accidental access, use, modification, destruction, or disclosure. The employee agrees to report to the managing supervisor instances of loss, damage, or unauthorized access at the earliest reasonable opportunity.
7. The managing supervisor and/or department head retains the right to modify the agreement on a temporary basis as a result of business necessity, or as a result of an employee request supported by the managing supervisor.

I hereby affirm by my signature that I have read the ***Department*** Telecommuting/Remote Work Agreement and understand and agree to all provisions.

      Click or tap to enter a date.

Employee Date

      Click or tap to enter a date.

Managing Supervisor Date

      Click or tap to enter a date.

Vice President/Dean/Department Head Date

Original telecommuting agreement to be maintained by home department and HR.