UNIVERSITY OF CINCINNATI

TELECOMMUTING QUESTIONNAIRE AND REQUEST FORM

EMPLOYEE INFORMATION – Please print

Employee Name and M#	
Job Title	Non-Exempt? Yes No Member of Collective Bargaining Unit? Yes No
Date of Request	
Telecommuting Address	

INTRODUCTION

Telecommuting is a **regularly scheduled** flexible work arrangement whereby eligible university employees are authorized by appropriate management to perform the normal duties and responsibilities of their position, through the use of computers and other telecommunications, at designated sites other than their normal place of work. Employees, while engaged in such work in their designated workspace, are covered by Workers' Compensation.

Telecommuting **does not apply** in cases where employees work at home on an **incidental or occasional** basis (i.e., to complete regular or special projects that require concentration and fewer interruptions). These alternate work site arrangements can be approved **without written agreements** by an employee's department on a case by case basis.

As you complete the information on the following page, please be aware of the following:

- The ability to telecommute is a privilege and not a right.
- Requests will be considered and approved or denied at the discretion of management based upon business rationale.
- Any telecommuting work arrangement, proposed or approved, does not change your employment status with the organization.
- This arrangement may be modified by the university at any time for any reason. When your employment ends with the university, this arrangement will also permanently end.
- Telecommuting is not to be used in place of a leave of absence or as a means to care for children, parents or others.
- You are required to maintain work surroundings that are professional, and not subject to noise or distraction. You must have a designated workspace (e.g., a specific room in your home) of sufficient size to accommodate any necessary work equipment. This designated place will be the exclusive place where you will perform work on behalf of the company. You may not change this designated location without University approval.
- You are responsible for safeguarding university property and/or documents located at the telecommuting site.
- You are responsible for preventing unauthorized access to any sensitive or confidential information and/or data.
- You are responsible for any tax implications associated with maintaining a home office. The university will not provide any tax guidance nor assume any additional tax liability.
- You are responsible for providing any equipment necessary for this arrangement to be successful.

- You are obligated to comply with all applicable laws, university regulations, policies and procedures, and contracts, if applicable.
- The university will not be responsible for operation, maintenance, or incidental costs associated with the use of your home as the telecommuting worksite.
- Telecommuting is not an option if you are on a performance and/or discipline plan.
- Your job responsibilities may require that you commute to the university, attend meetings at the university (which you will attend in person), and meet with your supervisor at the university. You may also be required to work at the university whenever so requested.
- If you are permitted to participate in a telecommuting arrangement, you will be required to execute and abide by the terms of the university's Telecommuting Agreement, attached hereto.

Form located on next page.

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QUESTIONNAIRE

The Telecommuting Questionnaire and Request Form should be completed in advance of a regularly scheduled telecommuting work arrangement. Provide your responses below. Submit the completed form to your supervisor for review and consideration.

1.	Clearly define the telecommuting work arrangement desired (e.g., day, hours, onsite and offsite availability, etc.).
2.	How long is the telecommuting work arrangement expected to last? (Be as specific as possible.) If duration is unknown, arrangement should specify a review date, normally every three months.
3.	Identify which elements of your job can be performed offsite. Which cannot?
4.	What tools, equipment and technology will be needed for work to be completed effectively?
5.	How will the computer, software, databases, and other technologies be secured and protected from use by others?
6.	To ensure a successful telecommuting experience you should answer the following questions: • Are you self-directed and comfortable working without close supervision? • Do you manage your time well? • Are you comfortable working alone for long periods of time?
7.	What impact will your proposed arrangement have on your unit, your supervisor, your colleagues, and your customers? YOUR COMMENTS:
8.	Detail your plan for completing work (daily, weekly, monthly tasks, special projects, committee assignments, etc.).
9.	I have reviewed and submitted the Safety Checklist Yes No

EMPLOYEE VERIFICATION

Performance goals and responsibilities of the position are expected to be met in any telecommuting arrangement.

I have read and understand applicable policies and procedures and the information on the Telecommuting Questionnaire and Request Form.

If my telecommuting request is approved, I understand that I will not be permitted to telecommute until I execute the attached Telecommuting Agreement.

Employee's Signature	Date

MANAGEMENT DECISION/SIGNATURE & DATE

	Approved	
	Not Approved	Rationale:
	Next Review Date	
Manager's Signature		Date

DESCRIBE ADDITIONAL TELECOMMUTING WORK ARRANGEMENT AS NEEDED: