



Human Resources
A6200 UCA, 282 Champions Way
Tallahassee, FL 32306-2410
Phone: 850-645-1458
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TELECOMMUTING GUIDELINES

The University Telecommuting Policy establishes the procedures, eligibility, requirements, criteria and responsibilities for approving requests for telecommuting.

Telecommuting is an opportunity for an employee to perform their job at a location other than the office or usual place of work through the use of computers or other telecommunications. Telecommuting is intended to create flexible work arrangements that serve both the need of the employee and their work unit.

The employee must read and understand the University Telecommuting Policy prior to signing the Telecommuting Agreement (<http://policies.vpfa.fsu.edu/policies-and-procedures/faculty-staff/employment-and-recruitment#4-OP-C-7-B6>). Guidelines for telecommuting are listed below:

Telecommuting should be voluntary.

The employee must have successfully completed their probationary period, satisfactorily meet performance standards, and not be on a performance appraisal/improvement plan.

An employee must have a current position description on file in Human Resources (less than 3 years old).

The Telecommuting Agreement must be approved by all parties prior to beginning telecommuting with specific tasks outlined by the supervisor.

The employee must adhere to all University Policies and Procedures. Failure to do so may result in termination of the Telecommuting Agreement.

Employees are responsible for complying with University guidelines, policies and procedures pertaining to outside employment and should not engage in any outside employment activities during time worked telecommuting.

Email correspondence and phone calls should not be the primary task for the telecommuting agreement.

If telecommuting is due to medical or parental leave, FMLA regulations require that qualifying events be reported to the FMLA Administrator. If the Telecommuting Request overlaps with Parental and/or Family Medical Leave, a medical clearance may be required in order to telecommute and the return to normal duties may be contingent upon medical clearance.

If a child or dependent is present during scheduled work hours, arrangements must be made for the care of the child or dependent and the specifics of the arrangements must be provided and agreed upon between the employee and the employee's supervisor. A copy may be submitted with the Telecommuting Agreement.

Overtime shall not be worked unless authorized in advance by the supervisor. Failure of the employee to obtain advance approval to work overtime may result in appropriate disciplinary action.

An override reason code of TELCM must be entered on the employee's OMNI timesheet along with the regular hours worked code of REGHP for all hours worked while telecommuting.

The Telecommuting Agreement may be terminated at any time by the Department and/or Human Resources.

At the end of the Telecommuting Agreement, the employee must return to normal working arrangements and schedule.



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Telecommuting Agreement

Employee Name:		Employee ID:	
Work Telephone:		Telephone # during remote work:	
Work Email Address			
Department:			
Position Number:		Job Title:	
Date of Last Position Description (must be updated if older than 3 years):			
FLSA Status:		<input type="checkbox"/> Exempt	<input type="checkbox"/> Non-Exempt
Salary Plan:	<input type="checkbox"/> A&P	<input type="checkbox"/> USPS	<input type="checkbox"/> Faculty (attach AOR) <input type="checkbox"/> OPS
Remote Work Location (include street address):			
Explain the reason for telecommuting:			
Will the employee be on Parental or Medical Leave?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>(FMLA regulations require that qualifying events be reported to the FMLA Administrator)</i>			
Will a child or dependent be present during work hours?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Agreement Begin Date: _____ Agreement End Date: _____
(Agreement cannot last more than 12 months and must be reevaluated each 12 month period)

Telecommuting Schedule (outline daily hours for the workweek):

FRI	SAT	SUN	MON	TUE	WED	THUR

Describe the job duties and how the work will be accomplished offsite:
List University assets to be used at remote work location:
List University information systems to be accessed from remote work location:
List non-University equipment, software and data to be used at remote work location:

I understand and agree to the following:

I have read and understand the University's Telecommuting policy and guidelines and agree to the duties, obligations, responsibilities and conditions for telecommuters described in those documents.

I agree that I am responsible for: establishing specific telecommuting work hours during which I may be reached directly; furnishing and maintaining my remote work space in a safe manner; and employing appropriate telecommuting security measures for protecting University assets, information, confidential material and systems. I verify that my remote work site provides space that is free of safety and fire hazards and I will practice the same safety habits at my remote work site that I would at the office. I understand that the University will not be liable for any claims, excluding Workers' Compensation, resulting from this arrangement.

I agree that the Telecommuting Agreement will not be a substitution for in-home child or dependent care. If a child or dependent is present during scheduled work hours, I agree to make arrangements for the care of that child or dependent. I realize I may be asked to provide a copy of the specifics arrangements with this agreement.

This is a mutual agreement made with my department and the University. I understand that the University is not obligated to approve or provide this arrangement and may at any time change any or all of the conditions under which I am permitted to telecommute or withdraw permission to telecommute.

Employee's Name (Print) _____
Employee's Signature

Supervisor - Approved Disapproved

Supervisor's Name (Print) _____
Supervisor's Signature

Dean/Director/Department Head - Approved Disapproved

Dean/Director/Department Head's Name (Print) _____
Dean/Director/Department Head's Signature

Vice President - Approved Disapproved

Appropriate Vice President's Signature

A copy of this agreement will be placed in the employee's personnel file.

This section to be completed by Human Resources:

 Approved Disapproved

Classification/Compensation Signature (Salaried) / EDM Signature (OPS)/
Vice President for Faculty Development and Advancement (Faculty)

 Approved Disapproved

Telecommuting Administrator's Signature

 Approved Disapproved

Assistant Vice President of Human Resources & Finance and Administration
Chief of Staff