

University of Utah Campus and Health Academics COVID-19 Telecommuting Form (Subject to Policy 5-140 and Guideline G5-140A)

I.	Sh	ort-term	Work Arrangement – Related to COVID-19		
	1.	This is an agreement between("the department") and ("Employee") to establish the terms and conditions for performing work at an alternate work site.			
	2.	This agreement will begin on <u>1/08/2023</u> and anticipated to continue through <u>04/25/2023</u> . The following conditionapply:			The following conditions
		a.	Employee's telecommuting schedule isdeten	mined by Faculty Mentor	
		b.	Employee's regular telecommuting site locati	on is	
		C.	Employee's contact phone number is	·	
	3.	While to	elecommuting, Employee will:		
		a.	remain accessible by phone or electronically	during the telecommute work schedule	e;
		b.	be responsible for establishing effective comwith the supervisor to discuss status and ope		stomers and to check in
		C.	be available for teleconferences, scheduled of	on an as-needed basis;	
		d.	request supervisor approval in advance of wo	orking any overtime hours (if employee	e is non-exempt);
I.	Sa	afety & Equipment; Information Security			
	 Employee agrees to maintain an adequate, safe, and secure work environment and to report work-related Employee's supervisor at the earliest reasonable opportunity. Employee agrees to hold the University ha injury to others at the alternate work site. 				
2. Regarding space and equipment purchase, set-up, and maintenance for telecommuting p			poses:		
		a.	Employee is responsible for providing space the telecommute location, and shall not be Internet access must be via DSL, Cable Mod	reimbursed by the employer for the	se or related expenses.
		b.	Employee agrees to protect University-own accidental access, use, modification, destruction		ls from unauthorized or
		C.	Employee understands that all equipment, re the property of the University.	ecords, and materials provided by the	University shall remain
		d.	No Protected Health Information or otherwise equipment, in accordance with policy 4-001.	confidential information should be ke	ot on personal electronic
		e.	Employee must follow all other software livrequirements in accordance with policy 4-001		as all precautions and
	I hereby affirm by my signature that I have read this Telecommuting Agreement and understand and agree to all of its provisions.				
	_ [Ins	sert Emp	loyee's Name and UID], Employee	 Date	
	_			December 1, 2022	
	[Ins	sert Supe	ervisor's Name], Supervisor	Date	