**UADA Telecommuting Agreement**

This is an agreement between the University of Arkansas System, Division of Agriculture Research and Extension (hereafter referred to as “Division”) and       (hereafter referred to as “employee”). This is a voluntary work agreement that establishes the terms and conditions to allow the employee to work from a primary residence or other approved specific location.

1. The employee’s duties, obligations, responsibilities, and conditions of employment with the Division remain unchanged except those obligations and responsibilities specifically addressed in this agreement. Job responsibilities, standards of performance and performance appraisals remain the same as they would be if the employee was working at the regular Division work location. The employee agrees to be on-site as necessary to attend meetings, training sessions, or any other similar events or occurrences as called by departmental management.
2. The employee’s a primary residence or other approved specific location is located at      . The employee agrees that this is the only location that is authorized for the employee to work under this agreement. The employee also agrees that the Division will have access to this location for business related purposes, including to inspect, maintain and retrieve Division property and to ensure that the designated work space is safe and free from hazards.
3. The employee agrees to maintain a safe and secure work environment. The employee agrees to report work-related injuries to the supervisor without delay since the employee’s approved telecommuting location (identified in #2 above) shall be considered an extension of the regular Division worksite. The employee agrees the Division assumes no liability for injuries occurring in the employee’s primary residence or other approved specific location workspace, other than injuries to the employee which meet the requirements for worker’s compensation coverage pursuant to Arkansas Code Ann. § 11-9-101 et. seq. The employee agrees to hold the Division harmless for injury to others at the primary residence or other specific location.
4. Days and hours when the employee will work at the location identified in #2 above is/are       DAYS AND HOURS (must be specific for each day at home and identify the lunch break). The employee agrees to remain accessible during designated work hours, and understands that the department or other administrative unit retains the right to modify this agreement on a temporary basis as a result of business necessity. The employee agrees to not work at other jobs or run their own business during these days and hours.
5. The employee agrees to report to the supervisor instances of loss, damage or unauthorized access of any Division owned equipment at the earliest reasonable opportunity.
6. The employee understands that all equipment, records and materials provided by the Division shall remain the property of the Division. The Division will provide for repairs to Division equipment when/if damage to that equipment is incurred by an employee during the course and scope of the employee’s job duties and during the employee’s work hours. Equipment, software, data and supplies, when provided by the Division for use at the, approved telecommuting location, remain the property of the Division and will be returned to the Division within five (5) days should this telecommuting agreement be terminated.
7. The employee is responsible for the safety and security of Division equipment at the approved telecommuting location. This includes maintaining data security and record confidentiality in the same manner as when working at the regular Division work site. The employee may not duplicate Division-owned software and will adhere to the manufacturer(s) licensing agreement(s).
8. The employee understands that working from a primary residence or other approved specific location is not an employee right, benefit, or requirement, but rather a work arrangement that can be terminated by the Division or employee at any time.
9. If this agreement is approved, the telecommuting will start on       (Must enter a start date.)

I hereby affirm by my signature that I have read this Telecommuting Agreement, and understand and agree to all of its provisions.

Employee Name:       \_\_

Employee Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_ \_ Date:\_\_\_\_\_\_\_\_\_\_\_

Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ \_ Date:\_\_\_\_\_\_\_\_\_\_\_

Unit / Department Head Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_

Sr. Associate VP Signature (If applicable):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_

Revised April 1, 2021