

THE UNIVERSITY *of* MONTANA WESTERN

TELECOMMUTING AGREEMENT

EMPLOYEE NAME	
EMPLOYEE ID (790#)	
JOB TITLE:	
DEPARTMENT:	

ALL TELECOMMUTING AGREEMENTS EXPIRE ON JUNE 30TH EVERY YEAR.

Conditions for telecommuting agreed upon by the telecommuter and their supervisor:

1.	The employee's primary workplace is (on UMW campus) :
2.	The employee agrees to work, on a limited pre-arranged basis, at the following physical location off campus (<u>include address and telephone number</u>). Staff telework location must be within the state of Montana (MT Code 2-18-101).
3.	The employee will telecommute _____ days per week.
4.	The employee's work hours will be from _____ a.m. to _____ p.m.
5.	The employee will complete assigned work while telecommuting according to work procedures and expectations established by the supervisor.
6.	The following equipment will be used by the employee at the off-site location (please indicate whether it is employee - or UMW-owned):
7.	The employee agrees to call the office and/or check voice mail to get his or her messages at least _____ times per day. The employee also agrees to respond, as necessary, to the messages.
8.	Out-of-pocket expenses for office supplies regularly available at the office will not be reimbursed. The employee agrees to obtain work-related office supplies (e.g., paper) needed for the telecommuting assignment from the office.
9.	Describe in detail the designated work area in the off-site location:
10.	Additional conditions agreed upon by the supervisor and telecommuter are as follows:

I have reviewed the above information in the procedures and agreement with this employee prior to their participation in the telecommuting program.

SUPERVISOR NAME (Please Print)	SIGNATURE	DATE

I understand that the telecommuting agreement is not an employment contract and may not be construed as such. I certify I have read, understand, and agree to comply with the terms set forth in these procedures and the Telecommuter's Agreement.

TELECOMMUTER'S NAME (Please Print)	TELECOMMUTER'S SIGNATURE	DATE

APPROVAL:

DEAN/DIRECTOR	DATE

Please return original signed agreement in a sealed envelope to:

**University of Montana Western
Human Resource Services
UMW Box 115
710 S Atlantic St
Dillon, MT 59725**