UTAH STATE OFFICE OF EDUCATION

TELECOMMUTING REQUEST

Employee Name: _____ Section: _____

1. List the job responsibilities/assignments/duties you intend to complete utilizing the telecommuting program.

2. Describe the proposed office arrangement at your alternative location (size, location, furniture, characteristics, separation from living area, etc.).

3. List the equipment and software programs that you have that will enable you to participate in the telecommuting program (i.e., personal computer, monitor, modem, printer, telephone lines, etc.). List any additional equipment you will need in order to participate as a telecommuter and how you plan to acquire such equipment. Also, please complete the "Hardware/Software Inventory List" and "Telecommuting Waiver and Release Form."

4. List any costs USOE may incur if you were to participate in the telecommuting program.

5. Outline your proposed schedule for telecommuting.

HARDWARE/SOFTWARE INVNETORY LIST

Employee's Name _____

Date _____

Employee's Division/Section _____

Employee will use: Agency equipment { } Personal equipment { } Combination { }

Agency-Provided Hardware

	Manufacturer	Model	Serial #
PC			
Modem			
Surge Protector			
Monitor			
Printer			

Agency- Provided Software

Program	Versions	Serial #

Employee-Provided Hardware

Employee-Provided Software

Employee's Signature: _____ Date _____

Info Tech's Signature: _____ Date _____

TELECOMMUTING WAIVER
AND RELEASE FORM

(CLAUSE FOR USOE COMPUTER EQUIPMENT)

I CERTIFY THAT I VOLUNTARILY AGREE TO UTILIZE MY PERSONAL COMPUTER OR ANY OTHER PERSONAL EQUIPMENT OR FURNITURE FOR WORK RELATED ACTIVITIES AT MY HOME OR AT OTHER LOCATIONS AWAY FROM MY NORMAL OFFICE. I RELEASE THE State of Utah, it's agencies, departments, officers, employees, volunteers and agents from any and all liability and causes of action whatsoever for any loss or harm to me or my property that occurs in the course and scope of my use of my personal property or equipment for state business. I also certify that I understand that I will not be compensated in any way for the use of my personal computer or other personal property.

I certify my personal computer equipment meets or exceeds the necessary requirements established by Agency Computer Services for the purpose of telecommuting. I certify that I take full responsibility for maintaining the compatibility and reliability of my personal equipment. I accept full responsibility for any incompatibilities or software or hardware failures that may occur due to personal or state use of my personal computer equipment. I also agree to pay any costs associated with resolution of said incompatibilities or failures. Finally, I waiver all rights to reimbursement, compensation or consideration from USOE/State for use of my own equipment.

I agree to exercise due diligence and care in the use, maintenance and safeguarding of any equipment and/or software provided by Utah State Office of Education. I agree to abide by USOE rules and policies with regard to the use of this equipment. I acknowledge that misuse or abuse of the equipment or violation of the USOE rules or policies may result in disciplinary action being taken against me, including loss of the privilege of telecommuting and payment for damages to equipment.

I acknowledge that all USOE-owned hardware and software will be returned upon completion of telecommuting. The installed software will not be copied or distributed to a third party. I will not install any unauthorized software or hardware on the designated equipment without the written authorization of my supervisor and USOE Agency Computer Services.

GENERAL CLAUSES

I acknowledge that Worker's Compensation benefits shall be available to me for injured or illnesses sustained or contracted during the course and scope of my employment. I also acknowledge that Worker's Compensation shall be the exclusive remedy for any and all job-related injuries or illnesses. I further acknowledge that the Worker's Compensation exclusive remedy provision shall apply to any injury or illness sustained or contracted at my telecommute or work away from the office work site.

I acknowledge that I retain the standard liability coverages, protections, and the responsibility to act in a manner as outlined in the Utah Governmental Immunity Act for the work activities and products conducted or developed during the time that I work at my telecommuting site.

I do here release the State of Utah, it's agencies, departments, officers, employees, volunteers and agents from any and all liability and causes of action arising from damage to me, my family, my property, and to any and all others arising from activities not directly associated with my work activities.

UTAH STATE OFFICE OF EDUCATION
TELECOMMUTING CONTRACT

Employee Name: _____

Primary Work Location:

Address: _____

_____

Telephone: _____

Approved Alternate Work Location:

Address: _____

_____

Telephone: _____

Data Transmission Telephone Number _____

Hours Available for Telephone Contact: _____

WORK SCHEDULE (Choose #1 or #2 and #3)

1. Schedule to be worked out weekly with immediate supervisor.

…Or….

2. Alternate Work Site Days:
   Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___
   Saturday ___ Sunday ___

…AND…

3. Primary Work Site Days:
   Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___
   Saturday ___ Sunday ___

The above employee agrees to comply with all USOE telecommuting policies and procedures.
I fully and completely understand that the telecommuting provisions agreed to by this contract may be revised or terminated at any time as determined by USOE Management.

Employee Signature: _____ Date: _____

Supervisor Signature: _____Date: _____

Completed copies of the telecommuting agreements are to be deposited with the HR office, the employee and employee's supervisor

EVALUATION

Of the *TELECOMMUTING PROJECT AND ASSIGNMENT*

Employee: _____

Division: _____

Telecommuting Description:

_____

_____

Specific Assignments and Due Dates --- Outcomes, Results and RECOMMENDAITONS:

_____

_____

_____

_____

_____

_____

_____

_____

_____

Next Meeting Scheduled for (date) _____ (time) _____

(location) _____

Signatures:

_____	_____	_____	_____
Supervisor	Date	Employee	Date

This is a sample form, an optional form, and not a replacement for the performance plan and performance evaluation.