

## Telecommuting/Remote Work Agreement

**THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE AN EMPLOYMENT CONTRACT BETWEEN THE EMPLOYEE AND THE AGENCY. THIS DOCUMENT DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS. THE AGENCY RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS DOCUMENT, IN WHOLE OR IN PART. NO PROMISES OR ASSURANCES, WHETHER WRITTEN OR ORAL, WHICH ARE CONTRARY TO OR INCONSISTENT WITH THE TERMS OF THIS PARAGRAPH CREATE ANY CONTRACT OF EMPLOYMENT.**

This agreement supports the University's Telecommuting/Remote Work Policy. Submit the complete and signed agreement to your [HR Generalist](#). The employee and their supervisor should retain a signed copy of this agreement. This is an agreement between Clemson University, \_\_\_\_\_ (department), and \_\_\_\_\_ (employee). This arrangement shall begin on \_\_\_\_\_ and will terminate on \_\_\_\_\_, or at the convenience of the University, no later than the final day of the fiscal year. To extend a remote work arrangement into a new fiscal year, the employee and supervisor must submit an updated agreement on or before the first day of the new fiscal year. This agreement establishes the terms and conditions of remote work, including the specific work assignment. The employee agrees to work remotely in accordance with this agreement and the Telecommuting (Remote Work) Policy.

**Designation of Alternate Workplace and Hours:** Both parties agree to the following work hours and location(s)

General hours of work:			
Day	Hours (From – To)	Location (Primary or Alternate)	Nature of Work
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

### Primary Workplace

Location and Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

### Alternate Workplace

Location and Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

By signing this agreement, both the employee and supervisor confirm they have read and agree to abide by the Telecommuting (Remote Work) Policy, and they agree:

- on the workplace expectations;
- on a work schedule and the tasks to be performed;
- that the employee has the equipment needed to work remotely;
- that the employee has access to the drives/systems needed to perform job duties; and
- that the Remote Workplace Safety Checklist has been completed, reviewed, and signed.

Employee \_\_\_\_\_

Date \_\_\_\_\_

Supervisor \_\_\_\_\_

Date \_\_\_\_\_

Dept./Division Head (if applicable) \_\_\_\_\_

Date \_\_\_\_\_

## Remote Workplace Safety Checklist

**THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE AN EMPLOYMENT CONTRACT BETWEEN THE EMPLOYEE AND THE AGENCY. THIS DOCUMENT DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS. THE AGENCY RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS DOCUMENT, IN WHOLE OR IN PART. NO PROMISES OR ASSURANCES, WHETHER WRITTEN OR ORAL, WHICH ARE CONTRARY TO OR INCONSISTENT WITH THE TERMS OF THIS PARAGRAPH CREATE ANY CONTRACT OF EMPLOYMENT.**

Success of a remote work arrangement depends on a realistic assessment of the overall safety of your alternate workplace. This checklist is necessary to make you aware of the need for a safe workplace that is conducive to productive work. You should read and complete the checklist regarding the designated work area, discuss any concerns, and always report accidents or injuries immediately to your supervisor.

### **General Environment**

The workspace area has adequate lighting and ventilation.

The workspace is reasonably quiet and free of distractions.

Aisles, doorways, and corners are free from obstructions to permit safe movement.

### **Electricity / Equipment**

There are enough electrical outlets in the alternate workplace to support the required equipment. All electrical equipment is free of recognized hazards that would cause physical harm (e.g., frayed wires, bare conductors, loose or exposed wires). If necessary, consult with an electrician or power utility company on capacity questions.

Necessary electrical outlets are three-pronged (grounded).

Computer equipment is connected to a surge protector. The equipment is placed at a comfortable height for viewing and will be powered down after the workday is over.

Computer equipment is and will be safely stored on a sturdy, level, well-maintained piece of furniture

Computer keyboard and mouse are at a height that does not cause wrist strain.

### **Safety and Security**

There is a fire extinguisher in the alternate workplace and a developed fire evacuation plan in the event of an emergency.

There is a working smoke detector in the alternate workplace.

The space has been checked for potential safety hazards. Phone lines, electrical cords, and extension wires are secured.

There are security controls in place to protect passwords, agency-owned software and files from unauthorized disclosure.

I, \_\_\_\_\_, understand it is my responsibility to maintain the safety and appropriate arrangement of my alternate workplace, if it is my home. I certify that my responses to the checklist are true and completed to the best of my knowledge. I understand that any erroneous, misleading, or fraudulent information is sufficient grounds for my preclusion from remote work and could result in disciplinary action in accordance with applicable University policy.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date