University of Houston System  
COVID-19 Temporary  
Telecommuting Form

I. Short-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 __________________________ and is anticipated to continue  
through __________________________ (generally for a period up to 5 days).  
The following conditions apply:
   a. Employee’s telecommuting schedule is __________________________
   b. Employee’s regular telecommuting site location is __________________________
   c. Employee’s contact phone number is __________________________

3. While telecommuting, Employee will:
   a. remain accessible by phone or electronically during the telecommute work schedule;
   b. be responsible for establishing effective communication among co-workers and  
customers and to check in with the supervisor to discuss status and open issues;
   c. be available for teleconferences, scheduled on an as-needed basis;
   d. request supervisor approval in advance of working any overtime hours (if employee is  
non-exempt);
   e. be responsible for fulfilling their job duties and responsibilities.

II. Safety & Equipment; Information Security

1. Employee agrees to maintain an adequate, safe, and secure work environment and to report  
work-related injuries to Employee’s supervisor at the earliest reasonable opportunity.  
Employee agrees to hold the University harmless for injury to others at the alternate work  
site.

2. Regarding space and equipment purchase, set-up, and maintenance for telecommuting  
purposes:
   a. Employee is responsible for providing space, telephone, printing, networking and/or  
Internet capabilities at the telecommute location, and shall not be reimbursed by the  
employer for these or related expenses. Internet access must be via DSL, Cable  
Modem, or an equivalent bandwidth network.
   b. Employee agrees to protect University-owned equipment, records, and materials  
from unauthorized or accidental access, use, modification, destruction, or disclosure.
   c. Employee understands that all equipment, records, and materials provided by the  
University shall remain the property of the University.
d. No Protected Health Information or otherwise confidential information should be kept on personal electronic equipment.

e. Employee must follow all other software licensing and copyright laws, as well as all precautions and requirements.

III. University COVID-19 Protocols

1. Employee is responsible for complying with University’s COVID-19 Protocols.

2. Supervisor is responsible for:
   a. Ensuring Employee compliance with University’s COVID-19 Protocols;
   b. Maintaining active dialogue and communication with Employee during the period of temporary telecommuting.
   c. Monitoring eligibility for Employee’s participation in the Temporary Telecommuting Program, including fulfillment of their University job duties and responsibilities.

I hereby affirm by my signature that I have read this Telecommuting Agreement and University COVID-19 Protocols and I understand and agree to all the provisions.

_____________________________   ______________________________
Employee’s Name and             Date
PS ID

I hereby affirm by my signature that I have read this Telecommuting Agreement and University COVID-19 Protocols and I understand and agree to all the provisions.

_____________________________   ______________________________
Supervisor’s Name               Date

_____________________________   ______________________________
Vice President’s Name or Designee Date

Maintain a form within your department files and forward a copy to Human Resources at hrsc@uh.edu.