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 10 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. In addition, Employee is required to provide additional documentation and complete the following forms, as applicable.

   a. In a case of potential exposure: Employee must complete the UH Reporting Potential Exposure Form.

   b. In a case of COVID-19 diagnosis: Employee must complete the UH Reporting Diagnosis Form.

   c. Prior to returning to campus: Employee must complete the Request to Return to Campus Form.

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 PS ID Date

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.