

Telecommuting/Alternative Work Accommodation Agreement for FMU Faculty and Staff

This agreement between Francis Marion University and _____ for the period from ____ – December 31, 2020 establishes the terms and conditions of telecommuting.

_____ agrees to follow the terms of the *Francis Marion University Telecommuting Policy* and furthermore acknowledges that the FMU position description is still the effective description of duties to the University. Francis University agrees to allow _____ to participate in the Telecommuting

program at the home at (address)_____. The contact telephone number is

_____.

Designated Work Schedule at the above site will be:

	Start Time	End Time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Equipment Used in Alternate Workplace. The following table lists the agency or state equipment that will be used at the alternate workplace (attach additional documentation if needed):

Item: Inventory Number: Date Out: Date Returned:

- 1.
- 2.
- 3.
- 4.
- 5.

Special Conditions or Additional Agreements (List if applicable):

I have read and received a copy of the Telecommuting Policy and fully understand issues regarding: pay, attendance, advancement, leave, work location, liability, workers compensation, operating costs, safety, evaluation, termination of agreement, and equipment maintenance. I agree to abide by the terms and conditions of this agreement.

Employee: _____ Date: _____

Supervisor: _____ Date: _____

Agency Head or Designee: _____ Date: _____

Telecommuting Safety Checklist

A telecommuting arrangement requires the existence of a safe workplace with minimum distractions that is conducive to productive work. This checklist is necessary to ensure the safety of your alternative worksite. Complete the following checklist regarding your designated work area and discuss any concerns with your supervisor, _____. Any accident or injury which occurs in your workplace should be immediately reported to Mr./Ms. _____.

General Environment

- _____ The work space area has adequate lighting and ventilation.
- _____ The work space is reasonably quiet and free of distractions.
- _____ Aisle, doorways, and corners are free from obstructions to permit movement.

Electricity and 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 work day is over.
- _____ Computer equipment is on a sturdy, level, well-maintained piece of furniture and the 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.
- _____ Phone lines, electrical cords, and extension wires are secured underneath a desk, or along baseboards.
- _____ There are security controls in place to protect passwords, agency-owned software and files from unauthorized disclosure. Password protected files and agency-owned software will be closed when the computer is left unattended.

I, _____, understand it is my responsibility to maintain the safety and appropriate arrangement of my alternate workplace, in 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 telecommuting.

Employee: _____ Date: _____

Supervisor: _____ Date: _____

Agency Head or Designee: _____ Date: _____