

TELECOMMUTE ASSIGNMENT FORM

CUNY may permit an employee to work at home or at an alternate CUNY location for all or part of their regular workweek. This type of alternative work arrangement is known as “telecommuting” or “teleworking” and may not be appropriate for all positions or employees. The manager will determine if the individual’s primary function can be effectively performed remotely or could be temporarily modified for the duration of the recess. Access to necessary hardware and systems is also a factor in determining if a remote arrangement can be granted, and managers should consult with relevant campus Vice Presidents or for Central Office staff, their respective Vice Chancellor, regarding availability of essential tools.

The purpose of this form is to clarify the terms and conditions under which an employee will be approved to work from home. Please read carefully and discuss it with your supervisor and/or a representative from the Office of Human Resources if you have any questions.

Employees granted a telecommuting arrangement will be subject to the same performance, professional and ethical standards for their position that were in place prior to telecommuting. The employee agrees to be responsible for establishing telework hours with their supervisor, to finish and maintain a remote workspace in a safe manner.

TELECOMMUTE AGREEMENT

Employee Name: _____

Job Title: _____

1) Remote Work Location: _____
(Address)

Phone Number: _____

(the employee agrees to be reachable by telephone at this number and that this number can be shared with co-workers and departmental contacts. If the employee chooses not to provide their home phone number, they must forward all calls from their work telephone to their home telephone on telework days, or make alternate arrangements with their supervisor.)

2) Telework Schedule:
a. Telework days (circle): Mon Tues Wed Thurs Fri Sat Sun

b. If these days are not scheduled on a weekly basis, describe the telework schedule

c. Will the employee have set hours to work on telework days? _____ Yes _____ No

d. If Yes, what time is the start time? _____ End time? _____ Lunch break _____?

e. Flexible hours to be agreed upon with the supervisor (describe):

- The employee agrees to call the office to obtain messages, and to check email, **at least _____ times per day** while working at the remote location.
- The total number of work hours are not expected to change during participation in telecommuting, and the employee will be responsible for documenting hours worked on telework days via timesheet and providing this information to their supervisor.

3) Typical assignments to be worked on by the employee at the remote location:

The employee agrees not to use any college equipment for private purposes, nor allow family members or friends access to that equipment. The employee will cooperate with the return of all college equipment and data documents when requested by their supervisor.

4) College information applications or systems to be accessed from remote work location:

The employee agrees:

- To promptly notify their supervisor when unable to perform work assignments due to equipment failure, illness, or other circumstances, and to be assigned to another project or location, in event of equipment failure.
- That use of sick leave, vacation, time off, or other leave credits must be approved in advance by the supervisor. Overtime to be worked must be approved in advance by the supervisor.
- To perform their assigned duties at the remote work location for the scheduled telework day.
- That telecommuting is not to be viewed as a substitute for dependent care, and to make arrangements for someone to care for children or other dependents so that the employee is fully able to complete work assignments when teleworking.

Failure to comply with the above provisions may result in charge of leave, loss of pay, termination of participation in the program, or disciplinary action, as warranted, based on the situation.

Employee Name/Date PRINT

Employee Name/Date SIGNATURE

Supervisor Name/Date PRINT

Supervisor Name/Date SIGNATURE