



Telecommuting Agreement

Employee Information:

Employee Name:	
Alternative phone/contact	
Job Title:	
Position Title:	
Supervisor Name:	
Division:	
Current status (circle one on each line):	
Full-Time	Part-Time
Exempt/Salaried	Non-Exempt/Hourly

Telecommuting Specifics:

Arrangement requested by (circle one):	Employee	Employer
Duration of Telecommuting agreement:	(from) _____	(to) _____
Schedule of Telecommuting agreement (days and frequency, such as every week, every other week, etc.):		

Location where work will be performed (Address, specify whether home address or other location):		

Please note any equipment required for telecommuting:		

Any Telecommuting-specific job duties and/or expectations beyond regular job duties. Attach additional sheets as needed:		

In addition to your existing obligations and responsibilities, as a telecommuting employee, you must agree to the following:

- Maintain a presence with your department which may be done through Zoom, Teams, email, text messaging, phone, etc. This includes maintaining the same response times as if you were a campus-based employee. You agree to make yourself physically available to attend scheduled meetings as requested or required by the department.
- If you are a non-exempt (hourly) employee, you understand you are not permitted to work overtime without prior approval from your supervisor. You must keep accurate track of your hours and you are not permitted to do any work “off the clock”.
- Forward your work phone to the telecommuting location on telecommuting days.
- Comply with all University policies and safety regulations that apply to your work while on University property.
- Do not allow university business visitors to your home or off-site work location without the express written permission of your supervisor.
- Be responsible for any university equipment used off-site as you may be responsible for any damaged equipment if handled in a careless or reckless manner. The university is not responsible for your personal equipment. Immediately notify your supervisor and IT if University equipment is lost or stolen.
- Notify your supervisor immediately of any work-related injuries incurred while telecommuting during regularly scheduled working hours as these may be covered by workers’ compensation insurance.
- Understand that your supervisor may revoke the telecommuting arrangement at any time with as much written notice to you and HR as is practical.
- Remember you are a representative of the University no matter where you are. Please use your best judgment at all times.
- Verify that you have read, understand, and will follow the University’s Telecommuting policy.
- Understand that telecommute work and/or remote work is a privilege; it is not an entitlement; it is not a university-wide benefit; and it in no way changes the terms of your employment with Butler University. All employees who are permitted to telecommute or work remotely remain subject to the terms and conditions of employment set forth in the Staff Policy Handbook. Please note that any previously engaged telecommuting or remote work arrangement does not require management to agree to future work.
- Affirm that you remain and at-will employee and are solely responsible for any state or local tax ramifications created by this arrangement.
- If the arrangement includes an out of state work location, you affirm that you are moving voluntarily and that Butler has not asked you to move. Additionally, you agree that you recognize Butler University is an Indiana not-for-profit corporation and by agreeing to remain employed by Butler University, you agree that in the event of any dispute between you and Butler, the laws on the State of Indiana shall apply and any legal action will be initiated and resolved in Marion County, Indiana either in federal or state court.
- Complete the IT Telecommuting Requirement outlined at the top of this [web site](#).



HUMAN RESOURCES

4600 Sunset Avenue | Indianapolis, Indiana 46208 | 317-940-9355 | Fax: 317-940-8149 | www.butler.edu

By signing, I signify that I understand and agree to the above:

Employee Signature

Date

Print Name/Title

Approvals:

Supervisor Signature

Date

Print Name/Title

Division VP Signature

Date

Print Name/Title

HR Review:

Date of meeting with supervisor: _____

Approved? (Circle one): Yes No

HR Representative Signature

Date

Print Name/Title

The completed form will be filed with the employee's home department and in the employee's HR file.