



University of New Haven

Telecommuting Request Form (Exempt Employees)

I have discussed the requirements of the work at home arrangement with my immediate manager and understand the guidelines and expectations. I agree to regularly check in with my manager by phone and email to ensure departmental needs are being met. I also agree to ensure the confidentiality of the University of New Haven's data, information and documents while I am working at home and or during the transport of information back and forth to the University. I understand that with reasonable notice the University of New Haven may change, modify or terminate my work at home arrangement based upon business needs.

I will make diligent efforts to protect any company equipment assigned and approved for home use. I understand and agree that I may be held responsible for damages occurring to University property not properly cared for in my possession.

I understand that work at home is a mutually agreed upon work arrangement between my manager and myself and that this arrangement can be discontinued at any time by either party with advanced notice.

I agree to allow University representatives to enter my home for the purpose of installing, repairing or removing equipment. I agree to maintain anti-virus software within my computer if using my own computer and will contact Information Technology (203) 932-7055 in the event that the anti-virus software is not active.

I understand that my participation in this telecommuting arrangement has to be mutually acceptable and agree to work to ensure success. I understand that this arrangement does not compromise the at-will nature of my position at the University and that my employment can be terminated by me or the University at any time except for an unlawful reason. Nothing in this Agreement shall be interpreted to be in conflict with or to eliminate or modify in any way the employment-at-will status of the University.

Employee Name (please print)	Employee Signature	Manager/Supervisor Signature	Officer's Signature
Date	Date	Date	Date