

Working Offsite Agreement

This Agreement is subject to cancellation under conditions stated in VCU Working Offsite Guidelines.

Employee name: _____

Employee's offsite work address: _____

Employee's usual offsite designated work area: _____

(e.g., home office section of living room) The employee has inspected the designated work area for safety issues and agrees to conduct him/herself in a safe manner at the offsite location. Employee certifies that the designated work area is safe (complete attached checklist) and free from hazards and agrees to notify the supervisor immediately of any accident or injury occurring at the work location.

Schedule and Work Expectations

The employee will complete all assigned work according to established procedures and expectations stated in the employee's work profile-performance plan (see attached copy). The employee agrees to perform the assigned duties on location at VCU or at the approved alternate work location described in this agreement. Failure to comply may result in loss of pay, termination of this agreement, and/or appropriate disciplinary action.

Communication between the employee and his/her office (i.e., phone, e-mail, meetings, etc.) is the employee's responsibility. The employee will meet with the supervisor to receive assignments and to review completed work as specified below or upon request. The employee immediately will notify the manager when circumstances arise that impact his/her ability to perform the assigned work.

Employee's usual offsite work schedule: _____

(specify day(s) and hours) The supervisor will maintain a copy of this work schedule and the employee's time and attendance will be recorded the same as if performing official duties on location at VCU.

Typical assignments to be worked on at the remote location: _____

Communication will occur as follows (i.e., how often calls are made, regularly scheduled meetings, etc.):

Equipment and Expenses

Employees working offsite are responsible for the security and confidentiality of any information, documents, records, or equipment in their possession. When the offsite work involves remote access of the University's computer network, remote users must abide by the University's security standards relating to remote access. All remote access involving data stored on the University network requires encryption.

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The decision whether to install **telecommunications facilities** (i.e., frame relay line, telephone line, ITFS, etc.) at the offsite work area will be made between the supervisor and the employee. If such facilities are installed, the expenses will be handled as follows:

Long distance business telephone calls made from the home must be documented to support the business nature of the call and will be paid for as follows (i.e., department credit card, employee reimbursement, etc.):

Work-related data calls made from the home with a personal computer must be documented to support the business nature and will be reimbursed as follows:

State-owned equipment is to be used only for authorized state business. The following state-owned equipment will be used by the employee in the remote work location and will be returned to VCU at the expiration of this agreement. State-owned equipment will be serviced and maintained by VCU. Equipment needing repair must be returned to VCU for service.

<u>Name of Equipment/Serial No.</u>	<u>VCU Property Tag No.</u>	<u>Date Returned</u>	<u>Manager's Initials</u>
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1. Additional conditions agreed upon by the employee and the supervisor are as follows:

2. At the conclusion of this agreement, the results may be evaluated for possible continuation. This agreement expires in six months, on _____.
(date)

I have read and understand VCU's Working Offsite Policy and the University's technology security standards relating to remote access and I agree to the conditions detailed above:

Employee Signature _____ Date _____

Manager Signature _____ Date _____

Department Head _____ Date _____

WORKING OFFSITE SAFETY CHECKLIST
(to be completed by employee)

Describe the designated work area: _____

To the best of one's knowledge:

- | | | |
|---|------------------------------|-----------------------------|
| Is the space free of asbestos-containing materials? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If asbestos-containing material is present, is it undamaged and in good condition? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the space free of indoor air quality problems? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is there adequate ventilation for the desired occupancy? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the space free of noise hazards (noise in excess of 85 decibels)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is there potable (drinkable) water supply? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are lavatories available with hot and cold running water? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are all stairs with four or more steps equipped with handrails? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are all circuit breakers and/or fuses in the electrical panel labeled as to intended service? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do circuit breakers clearly indicate if they are in the open or closed position? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is all electrical equipment free of recognized hazards that would cause physical harm (frayed wires, bare conductors, loose wires, flexible wires running through walls, exposed wires fixed to the ceiling)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Will the building's electrical system permit the grounding of electrical equipment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are aisles, doorways, and corners free of obstructions to permit visibility and movement? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are file cabinets and storage closets arranged so drawers and doors do not open into walkways? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do chairs have any loose casters (wheels)? Are the rungs and legs of chairs sturdy? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the work area overly furnished? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are the phone lines, electrical cords, and extension wires secured under a desk or alongside a baseboard? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the office space neat, clean and free of excessive amounts of combustibles? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are floor surfaces clean, dry, level, and free of worn or frayed seams? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are carpets well secured to the floor and free of frayed or worn seams? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Employee Signature

Date