

Michelle M Schoenecker

From: Stark, Susan <susan.stark@uky.edu>
Sent: Wednesday, February 20, 2019 10:03 AM
To: Michelle M Schoenecker
Subject: RE: Telecommute/Remote Work Policies
Attachments: SAMPLE Work at Home Agreement.pdf; 3. Telecommuting Checklist.docx; 4. Employee Meeting Agenda.docx

Hi Michelle,

Attached is a sample of our Flexible Work Arrangement agreement document.

We have been successful with these arrangements for both exempt and non-exempt staff working from home one recurring day per week since the middle of last year. We do ask that new employees complete their 90-day probation period before this is available. We provide the laptop and connection cords, etc., for a "standard" set up for them at home -- they must cover any of the hardware costs for their home workspace. We don't prescribe anything specific, but many have had good luck purchasing refurbished monitors and keyboards, so they put together a set up similar to their on-campus office. If, however, they can be just as productive with working with the laptop "as is," we're okay with that as well.

We are lucky to have a great Office of Work-Life at our university that helps support these initiatives. Besides having some tools on their website (<https://www.uky.edu/hr/work-life/workplace-flexibility>), they also worked with us to prepare our formal agreement document.

We also borrowed some from the finance office within our health care enterprise, where a large number of staff work exclusively from home. One of their directors shared some of their tools with us -- they have a full telecommuting binder of materials. I've included a couple of their checklists I thought you might find useful that we borrowed from.

Best of luck with getting this started with your staff. It's definitely helped with morale of the staff in our office.

Susan

-----Original Message-----

From: Michelle M Schoenecker [mailto:schoene7@uwm.edu]
Sent: Tuesday, February 19, 2019 9:12 PM
To: Stark, Susan <susan.stark@uky.edu>
Subject: RE: Telecommute/Remote Work Policies

That would be great, Susan! I greatly appreciate your willingness to share your institution's policies.

Enjoy your vacation!

Best,
Michelle Schoenecker

Michelle M. Schoenecker, M.A.
Senior Proposal Development Manager
Research Development Services
Office of Research & Office of Sponsored Programs University of Wisconsin-Milwaukee P.O. Box 340 Milwaukee, WI 53201
Phone: 414-229-2747
E-mail: schoene7@uwm.edu

**TELECOMMUTING EMPLOYEE MEETING**

Employee Name: _____ **Tentative Telecommute Start Date:** _____

The Employee one-on-one meeting should last approximately one hour. Please review all items below with Employee and discuss any questions or concerns about the work-from-home transition process.

AGENDA ITEM	INITIALS
SECTION 1: TELECOMMUTING AGREEMENT Review Telecommuting Agreement. Answer any questions or concerns employee may have regarding terms. Confirm employee has signed and dated all pages.	
SECTION II: SERVICE LEVEL AGREEMENT Review job-specific service level agreement. Answer any questions or concerns employee may have regarding terms.	
SECTION III: WORK PROCESS STANDARD OPERATING PROCEDURE Review copy of work process standard operating procedure(s).	
SECTION IV: REMOTE ACCESS Review instructions for accessing the following systems. Confirm these systems are operational on Employee's laptop: <ul style="list-style-type: none"> • Kronos Time Stamp • VPN • Virtual Phone and Headset 	
SECTION V: POLICIES Review the following policies and answer any questions or concerns from employee: <ul style="list-style-type: none"> • UK HealthCare Plan B • Time and Attendance • Compensation/Working Time 	
SECTION VI: ADMINISTRATION Discuss any remaining questions or concerns regarding the telecommuting agreement or process. <ul style="list-style-type: none"> • Collect all desk keys, building keys, etc. • Collect building fob (if applicable). • Complete off-campus equipment inventory report. 	

Once complete, scan all pages of the Telecommute Binder and save electronically within Employee File located here: \\ukhcd\dept\IBU\IBU Finance Reporting\Telecommute. Employee keeps original binder and paperwork.

TELECOMMUTING CHECKLIST



TELECOMMUTING CHECKLIST

Employee Name: _____ Tentative Telecommute Start Date: _____

In order to ensure a smooth transition to telecommute status, complete the checklist below in its entirety.

ACTION ITEM	DATE COMPLETED	INITIALS
FOUR WEEKS BEFORE TELECOMMUTE START DATE		
AGREEMENTS: Determine Telecommute start date. Update Telecommuting Agreement AND Service Level Agreement per Employee job specifications and distribute to Employee for his/her review.		
VPN: Complete UK HealthCare IT Security Access Form to request VPN Access. Fax form to 859-257-5253.		
KRONOS: Request Kronos Time Stamp Access. Send Employee Name(s) and ID Number(s) to UK HealthCare Payroll to request access.		
LAPTOP: Request Laptop configuration in place of all-in-one desktop. Ensure VPN, Kronos, SAP GUI and virtual phone are installed.		
VIRTUAL PHONE: Request virtual phone software installation from IT. Submit virtual phone programming number to CNS and order headset.		
TWO WEEKS BEFORE TELECOMMUTE START DATE		
EMPLOYEE MEETING: Schedule one hour Employee one-on-one meeting to review all agreements, policies and software applications. DATE OF MEETING: _____		
WORKSPACE: Confirm employee has established a dedicated at-home workspace. Request picture of work area to include with telecommuting agreement.		
FINALIZE TIMELINE: Confirm telecommute start date. Adjust as necessary to allow time for laptop configuration and system access.		

This Letter of Understanding outlines the requirements for a COM SRAS employee to work from home.

Date: November 20, 2018

Employee Name: Brandon Campbell

Work From Home Schedule: Tuesday

Time Frame: 8:00 AM – 5:00 PM

This Letter of Understanding outlines the terms of your work schedule and explicitly states the nature of your flexible work arrangement (FWA).

You have requested a FWA, specifically, the ability to work from home one recurring/fixed day per week. As agreed upon with your supervisor, this day will be **each Tuesday starting December 4, 2018**. Pursuant to this agreement, you may work according to the FWA details outlined in this letter of understanding. The term of this arrangement shall continue at the supervisor's discretion. EMPLOYEE may discontinue the FWA at any time with notice to supervisor. We will remain in close contact to ensure that any possible problems are resolved so this FWA can be successful for you and the COM SRAS.

If you have a deadline on your work at home day, you must clear your work at home day with your supervisor the prior day. Each month, you and your supervisor will meet to re-evaluate this requirement and your ability to work more and more independently.

The EMPLOYEE shall perform all work duties and uphold major job responsibilities at the expected performance standard.

The EMPLOYEE has completed the necessary "Off-Campus Equipment Report" form to temporarily remove equipment – specifically, a laptop computer equipment tag J064116 and the serial number is 4D4RMQ2-- from University premises. University equipment located at any remote work site is subject to all policies and restrictions related to use of state owned property. EMPLOYEE is responsible for any and all equipment and software that is used at the remote worksite and accepts financial responsibility for any equipment that is lost, stolen or damaged because of EMPLOYEE'S negligence, misuse or abuse. Users shall not change the operating system configurations, upgrade operating systems, or install new operating systems on UK HealthCare supplied computers. If such changes are required, the Information Technology department shall perform them.

Should the EMPLOYEE encounter computer issues on a usual work from home date, the EMPLOYEE will come to campus that day.

EMPLOYEE acknowledges that he/she will be required to access certain confidential and proprietary information of Employer, including but not limited to financial information and business plans and methods (hereinafter "Confidential Information"). EMPLOYEE will take all reasonable precautions to

(e.g. utilities, telephone, insurance, internet access) associated with the use of the EMPLOYEE residence for telecommuting, unless specifically provided in this agreement.

Failure to meet the conditions stated in this Letter of Understanding may result in modifications or termination of the flexible work arrangement. Failure to maintain the established productivity requirements may require EMPLOYEE to return full-time to the on-site departmental location as the EMPLOYEE'S primary work site.

Any request by the EMPLOYEE to change the FWA must be made least one week in advance of any change, discussed with the Supervisor, and documented to the Supervisor in writing. The Supervisor has the authority to either grant or deny changes and modifications.

I have read and understand this Letter of Understanding and all its provisions. By signing below, I agree to be bound by its terms and conditions.


Employee

11/20/2018
Date

Grant proposal specialist - 44
Employee's Job Title and Grade

This agreement is approved by:

Mary Campbell
Printed name of supervisor


Signature

Pre-Award Manager
Title of supervisor

11/20/18
Date