

IUP Telecommuting Procedure for Non-represented and Staff Employees

A. Definition(s):

1. **Telecommuting** is an authorized work arrangement that involves an employee primarily working at a location that is not the regularly assigned place of employment.
2. A **regularly assigned place of employment** is the location on the Indiana University of Pennsylvania campus, or satellite location, where an employee usually and customarily reports for work or where work is performed.

B. Procedure Statement:

Telecommuting includes alternative work arrangements available to employees whose job duties are appropriate for such assignment. The decision to authorize these options is within management's discretion based on the nature of the work being performed and other business considerations. The participation does not alter an employee's work relationship with the University, nor does it relieve an employee from the obligation to observe all applicable University rules, policies, and procedures. All existing terms and conditions of employment, including but not limited to the position description, salary, benefits, leave and work hours remain the same as if the employee worked only at the regularly assigned place of employment.

~~Decisions regarding policy development or changes remain at the discretion of the~~

President and Cabinet. All requests or assignments for telecommuting require the approval of the President and appropriate Vice President (Exhibit A)

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~~Criteria for Qualification - Telecommuting is appropriate for employees~~

who:

- Have the abilities to successfully organize, manage time and work independently.
- Have at least a satisfactory work performance rating.
- Have a thorough knowledge and understanding of their job functions.
- Have no prior discipline within a two-year period, with particular consideration for leave abuse, performance issues or violations of standards of conduct.

b. Position Requirements - Positions that may be considered for telecommuting arrangements are those that:

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- Employees must have internet access appropriate to work requirements.
- Events and activities that are not work-related will not disrupt or interfere with work at the remote work site.
- The employee must make advance arrangements for dependent care to ensure a productive work environment. Telecommuting is not meant to substitute for dependent care or other personal obligations. The employee shall continue to make these arrangements to the same extent as if the employee was working at the regularly assigned place of employment.
- A supervisor may visit the proposed remote work site to evaluate the appropriateness of the site prior to approving the agreement and may require that a photo of the workspace be attached to the agreement. A mutually agreed time will be scheduled with the supervisor for this visit.
- Once the agreement (Ex. A) is approved, the University retains the right to

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- Telecommuting employees must store all university work related electronic content (documents, image files, etc.) on a University OneDrive or a team drive. No content should be stored on a personal

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Human Resources Office of any work-related injury or illness.

- To ensure safe working conditions exist, the University reserves the right to make on-site inspections of the alternate work site and will provide three (3) workdays notice to the employee of such visit, when possible.
- The University will not be liable for damages to employee-owned equipment being used in telecommuting or that may result from telecommuting. The University will not be responsible for operating

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1. Agreement - A *Telecommuting Agreement* (Exhibit A) must be completed and signed by the employee and the employee's supervisor and must have the approval of the employee's Dean, Director, Vice President, and President prior to initiating a telecommuting arrangement. An agreement must be filed with Human Resources.

Resource:

2. Equipment and Supplies – As part of the Telecommuting Agreement, the employee will describe and present to the supervisor, using the Telecommuting Equipment Checklist, (Exhibit B), a request for office equipment, hardware, software, communication needs and office supplies needed to participate in telecommuting.

Indiana University of PA Staff Telecommuting Agreement

Section 1 - To Be Filled Out By Employee

Employee Name: _____ Department: _____
Job Title: _____ Supervisor Name: _____
Date: _____

1. Does the work require regular face-to-face contact with a supervisor, other

Section 3 - The following constitutes an agreement on the terms and conditions of the staff telecommuting arrangement, as required in the Staff Telecommuting Policy, between the University and employee.

By signing this form, I acknowledge that:

I have read and understand the provisions of Indiana University of Pennsylvania's Staff Telecommuting Policy and agree to abide by the requirements set forth therein; and

I specifically acknowledge that the University may terminate the telecommuting agreement at any time and that telecommuting is not an employee right or guaranteed employee benefit.

APPROVALS:

Supervisor: _____

Date: _____

Director/Dean: _____

Date: _____

Vice President: _____

Date: _____

President: _____

Date: _____

If approved, University Technology: _____

Date: _____

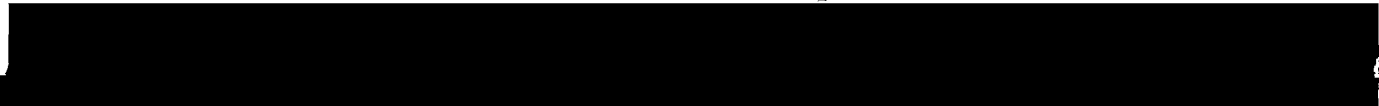
Telecommuting Employee / Supervisor Equipment Checklist
(to be completed after telecommuting agreement is approved)

Employee Name: _____
Job Title: _____
Department: _____
Supervisor: _____

This checklist is designed to ensure that the employee and supervisor understand the telecommuting policies and procedures.

1. The employee and supervisor have established a work schedule for hours/days at a telecommuting site.
List schedule: _____
2. The following equipment has been issued to the employee and has been documented by the university:

Type of Equipment	Make	Model	Serial Number	Issue Date
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Telecommuting Worksite Condition Checklist

Employee Name: _____

Job Title: _____

Department: _____

Supervisor: _____

Recommendations

Approved by:

Date: 9/5/2021

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Recommended by: Dr. Debra Fitzsimons Digitally signed by Dr. Debra Fitzsimons
Date: 2021.08.11 08:57:33 -04'00'

Date: 8/10/2021

Debra Fitzsimons, Vice President for Administration and Finance

Approved by: President's Cabinet

Date: 7/21/2021

Approved by: _____

Date: _____

IUP President