

**Boston University
Remote Work Agreement**

Employee Name: _____

Employee Title: _____

Department: _____

Supervisor Name: _____

Proposed Start Date: _____ through _____.

EMPLOYEE CERTIFICATION

1. I understand that my duties, obligations, responsibilities and the terms and conditions of employment with Boston University remain unchanged except those obligations and responsibilities specifically addressed in this agreement. My salary and benefits remain unchanged as well as a result of my telecommuting. I understand that this agreement does not constitute an employment contract.
2. I understand that this agreement is voluntary and may be revoked or modified by the University or me at any time for any reason. I understand that this agreement does not create an entitlement to continued telecommuting. If the agreement is terminated, a reasonable time will be given for me to transition back to the worksite.
3. I understand that the University will review this agreement after a trial period of [xx] months and may in its discretion, revoke or modify this agreement at that time.
4. I understand that tax and other legal implications for the business use of the employee's work site are based on IRS and state and local government restrictions. I agree that all applicable taxes (including income tax and social security taxes) will be withheld based on my employment at Boston University in Massachusetts, not on the location from which I telecommute. I agree that I am responsible for tax consequences and other legal implications that may occur, including local zoning restrictions.
5. I agree that I will not be the primary care provider for any dependent during my work hours and I will make regular dependent care arrangements during telecommuting periods.

6. I agree that my total number of work hours will not change due to my telecommuting and that I will continue to be responsible for reporting my time as required by department and University procedures.
7. I agree that my work hours, overtime compensation, use of sick leave, approval for use of vacation and requests for a Leave of Absence will conform to University policies and procedures, departmental guidelines, and to the terms otherwise agreed upon by my supervisor and me.
8. I agree that I will be required to travel to Boston at least [xx] each [xx] for department meetings. I understand that all travel expenses related to University business will be approved and expensed through Boston University.
9. I agree to maintain a safe and secure work environment and to designate a remote workspace to accommodate any equipment to be used in my work. I will protect the workspace from any hazards and dangers that could foreseeably affect the equipment and me.
10. I agree to report work-related injuries to my supervisor and the Boston University Risk Management Office within 24 hours or at the earliest reasonable opportunity. I agree to hold the University harmless for injury to others at the off-campus work site.
11. I agree to restrict the use of University-provided equipment and supplies located in my remote work site to the same policies that apply to equipment on campus.
12. I agree to implement all computing security measures required for the classification level of data with which I work. I am responsible for implementing and complying with the requirements set forth in the BU Data Protection Standards, Minimum Security Standards, Data Protection Requirements, and Access Management and Authentication Requirements. I understand that these requirements include:
 - a. Ensuring that University-provided anti-virus and anti-spyware subscriptions are kept current, and promptly notifying IS&T of any warning messages stating they are not current.
 - b. Ensuring that proper protection of computing resources at the remote location is in place. Any wireless connection must be encrypted using a wireless encryption protocol (WPA) or by connecting to the Boston University VPN client.
13. I agree to notify IS & T immediately by calling 617-353-4357 if symptoms of a virus or spyware infection occur.
14. I agree to maintain the security and confidentiality of materials I access as part of my employment, and to abide by the University's policies for employees, including those covering information, security, software, software licensing and data privacy, conflicts of interest, outside employment, ethics, conduct as well as the requirements of applicable state and federal government statutes.

15. I agree not to download any University data or information onto my personal computer or onto any computer provided by Boston University in my possession. I agree that unencrypted Boston University Restricted Use Information as defined in the BU Data Protection Standards) will not be stored on the local disk drive of my computer. It should be stored on a server and accessed through the Boston University VPN, or encrypted with proper provisions made for recovery. Notwithstanding the above, I agree that I will promptly notify IS & T by calling 617-353-4357 if a computer or storage device containing Boston University information is stolen or lost.
16. I understand that all equipment, information, documents records and materials provided by my department or Boston University remain the property of the University. I also understand that any information or documents used or created by me in the performance of my work assignments are the property of Boston University.
17. I understand that office supplies will be provided by the University as needed and that any out-of-pocket expenses for other supplies will not be reimbursed unless I have the prior approval of my supervisor.
18. I agree to return University equipment, records and materials with seven (7) days of termination of this agreement. All University equipment will be returned by me for inspection, repair, replacement or repossession within seven days written notice.
19. I agree to be available during the assigned business hours, as stipulated in this agreement, for communication by phone, voice mail, email, etc.

I have read the contents of this Telecommuting Agreement. I certify that I will abide by all of the requirements of this Agreement.

Employee's signature: _____ Date: _____

Reason for the Request: _____

Telecommuting Schedule (Please complete):

- 100% Telecommuting
- Telecommuting and On-Site Work

Please provide proposed work schedule (days and hours) on and off site:

Remote Work Location and Contact Information:

Is this the Employee's residence?: Yes No

Phone Number: _____

Fax Number (if any): _____

Equipment to be provided by Boston University

(Please contact IS & T to discuss security measures and software/hardware requirements).

Please describe equipment and provide serial numbers:

APPROVALS

Based on a review of suitable considerations, we have concluded that telecommuting is appropriate under the circumstances. The above-named employee is granted approval to participate in accordance with the agreement set forth above.

Supervisor's approval: _____ Date: _____

Department Head's Approval: _____ Date: _____

Human Resource Approval: _____ Date: _____

Please submit the completed form to Human Resources. Telecommuting cannot begin until the signed Remote Work Agreement is on file with Human Resources.