



University of New Haven

Telecommuting Request Form - Faculty

I have discussed the requirements of the work at home arrangement with my Dean and understand the guidelines and expectations. I agree to regularly check in with my Dean 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 departmental leadership, my Vice President or Provost, 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 must be mutually acceptable and agree to work to ensure success.

FACULTY MEMBER NAME (PLEASE PRINT)	FACULTY MEMBER SIGNATURE	DEAN SIGNATURE	PROVOST'S SIGNATURE
Date	Date	Date	Date