

8. UNCG will provide Employee with all necessary furniture and equipment, including installation of such provisions at the Designated Remote Workspace and removal upon termination of employment and/or termination of this Agreement. Alternatively, upon the approval of UNCG and the Office of Safety, Employee may provide his/her own furniture and equipment, upon completion and submission of the self-certification checklist. The necessary furniture and equipment includes:

9. The employee agrees to call the central office to get his/her messages at least ____ times per day, and check email ____ per times day.

10. The employee agrees to get all general office supplies needed for teleworking from their UNCG office. Reimbursement for out-of-pocket expenses for *any* supplies will need prior supervisory approval.

11. Reimbursements (if any) for phone/network installation/connectivity are to be handled as follows:

12. Additional conditions agreed upon by the supervisor and employee are as follows:

The above conditions have been reviewed, discussed and agreed upon. I understand and agree that the terms and conditions of this assignment are subject to change at the discretion of UNCG.

Employee Name: _____

University Unit: _____

Position Title: _____

Employee Signature: _____ Date _____

Unit Head/Director Signature: _____

Title: _____ Date _____

**UNCG TELEWORKING PROGRAM
REMOTE WORKSPACE SELF-CERTIFICATION CHECKLIST**

This checklist is designed to assist you in the evaluation of your designated remote workspace. It is designed to supplement, not replace, ergonomic hazard recognition training currently offered through the UNCG Office of Safety.

A. Identify, with specificity, the designated remote workspace:

B. Please answer each question “yes” or “no.” “No” responses indicate potential problem areas that must receive further investigation by your supervisor. Upon completion, you must sign and return this form to your supervisor.

Topic	Yes/No	Comments if Response is “No”
EMPLOYEE ORIENTATION		
Have you discussed your work schedule with your supervisor?		
Have you discussed performance expectations of your position with your supervisor?		
Have you been provided with relevant telephone directories and publications?		
If you have been issued UNCG equipment/furniture/software, have you been briefed on its care and appropriate use under relevant UNCG policies?		
If you have been issued any UNCG equipment, furniture or software, have you completed the UNCG Fixed Assets form FA-16 "Agreement for Equipment Located Off-Campus?"		
REPORTING INJURY		
I understand that I am encouraged to report to my supervisor any pain or physical problems that surface as a result of my computer use.		
ENVIRONMENT/SPACE		
Is the workspace (including monitor screen) arranged to minimize glare and visual discomfort?		
Is the space orderly, free of materials on the floor, phone lines, and electrical cords secured as to not present a tripping hazard?		
Is the space under the desk clear and free from obstructions allowing free movement of legs?		

WORKSPACE SEATING		
Is the chair sturdy with a 5 arm base and free from loose wheels, legs, and other parts?		
Are seat and backrest of the chair supportive and adjustable allowing a comfortable upright position?		
Is the seat pan height adjustable to allow seating with feet flat on ground and thighs parallel to the floor.		
Do armrests (if present) allow a comfortable and adjustable position to: (a) relax shoulders and arms in a position close to the body; (b) operate the keyboard with the home row at approximately elbow height and the hands, wrists, and forearms in a straight line parallel to the floor; (c) move as close as desired to the keyboard; and (d) easily reach primary work materials and accessories?		
SCREENS, KEYBOARDS, WORK SURFACES		
Is the topmost line of the computer screen slightly below eye level with the operator in an upright position?		
Can operators wearing bifocals or trifocals look at the screen without tilting the head?		
Is the keyboard and mouse situated at elbow level, and the forearms, hands, and wrists in a straight line parallel to the floor?		
Is the keyboard and mouse in a position to eliminate reaching (no extended reaching is required) and allows the wrist to be in a straight natural (neutral) position?		
Is the work surface high enough underneath so that it does not contact the top of the operator's legs, and the top work surface large enough to hold all needed input devices, task materials, monitor, and accessories?		
WORK PRACTICES		
Will frequent short breaks be taken to eliminate excessive keying and give hands and wrists a break at least every 30 minutes?		
Will operator daily perform stretching exercises and look away from the monitor periodically?		

I certify that all information contained in this checklist is true and complete to the best of my knowledge. I authorize UNCG to inspect the designated remote workspace provided I am given reasonable notice of the inspection. I understand that any erroneous, misleading or fraudulent information is sufficient grounds for my preclusion from teleworking and/or disciplinary action up to and including dismissal.

Employee Signature: _____

Date: _____

Employee Name: _____

Title: _____

Teleworking Address: _____

Telephone: _____

Supervisor Name: _____

Date: _____

Supervisor Title: _____

UNCG Unit: _____