

AGREEMENT ON WORK AWAY FROM THE OFFICE

(Telecommuting)

I. Staff member:

Name: Functional Title:
Division/Unit: Ext. Room No:

II. Supervisor:

Name: Functional Title:
Division/Unit: Ext. Room No:

III. Location of work place (remote work place):

Tel. No(s): Fax No.:
E-mail address:

IV. Work to be undertaken away from the office:

Specific outputs:

V. Days of week covered by this Agreement (max. 2 days):

Agreed working hours:

VI. Other aspects of this Agreement (if required):

VII. Starting date of Agreement: End date:

- 1) I understand (Department/Office's) policy on WORK AWAY FROM THE OFFICE (telecommuting) as specified in (name of Head of Department) memorandum of (insert date) and its attachments. I agree to the duties, responsibilities, obligations and conditions outlined in that document.
- 2) I understand that I am responsible for providing all necessary hardware (computer, printer, telephone, modem) that may be required to perform the tasks stipulated in this document at the remote work place.
- 3) I will be responsible for upgrading hardware should this be required to perform the tasks stipulated in this Agreement.
- 4) I will be responsible for meeting the cost of any and all repairs to such hardware.
- 5) I will be responsible for operating costs, e.g., for telephone calls and use of the Internet.

- 6) I will be responsible for furnishing and maintaining my remote work place in a safe manner.
- 7) I release the United Nations from any liability for damage to property at my remote work place and understand that any claim for compensation for service-incurred injury would be subject to the submission of evidence that the injury was due to work done for the United Nations.
- 8) I understand that 'WORK AWAY FROM THE OFFICE' is a re-arrangement of work site that can be altered or withdrawn by (Department/Office).

Signed: _____ Date: _____
Staff Member

Signed: _____ Date: _____
Supervisor

Signed: _____ Date: _____
Director (or equivalent title at OAHs)