



Technology Resources Form

Name of Telecommuter: _____

Title: _____

Division/Dept.: _____

Name of Appropriate Administrator: _____

Appropriate Administrator:

Please outline specific technology resources needed, including hardware (equipment) and software.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

By signing this document, I, the employee, am acknowledging that the University will provide me with the appropriate equipment to access services and platforms needed to perform work as assigned. I agree to abide by the licensing regulations and restrictions for all software under license to the University. I also understand that upon termination of my telecommute agreement and/or my separation from the University, I will promptly return University equipment/property within my possession.

Employee Signature: _____ Date: _____

Administrator Signature: _____ Date: _____

The Technology Resources form should be maintained by the Appropriate Administrator or designee.