

# Telecommuter's Agreement

Telecommuting arrangements will be considered for approval when in the best interests of both the College and the employee. The success of the arrangement will be assessed on a monthly basis to determine if it can continue, whether modifications need to be made, or whether a return to working on campus is needed. It is understood that there may be times when the employee will be requested to return to campus for meetings or for other reasons. The supervisor(s) will give as much notice as possible in these situations, and the employee will be expected to accommodate these requests.

This agreement may be revoked at any time by the supervisor(s) or other College official.

**Employee Name:**

**Describe below the work that will be produced at the telecommuting location:**

## Equipment, Supplies, and Services

The following equipment, supplies, and/or services will be provided by the College:

The following equipment, supplies, and/or services will be provided by the employee:

## Off-Campus Work Location

The off-campus work will be done at the following location:

Describe the work area:

Street Address:

City:

State:

Zip Code:

Telephone:

Fax:

E-mail Address(es):

**Employee:** I have determined that all common safety practices have been followed, and this area provides a safe and ergonomically appropriate work environment for me and others who may enter into the work area.

Initial here: \_\_\_\_\_

**Supervisor:** I have inspected the work area and agree that it is a safe, secure, and appropriate work environment.

Initial here: \_\_\_\_\_

**Work Security and Confidentiality**

I agree to maintain the security and confidentiality of the work done at the telecommuting location. This will be accomplished by:

**Schedule**

I will work away from campus on the days of the week and hours indicated below and will let my supervisor know when this schedule is altered on any given day:

If paid biweekly, overtime hours may not be worked without the express prior approval of the supervisor.

I understand that there may be times when I will be requested to return to campus for meetings or other reasons.

**Safety, Liability, and Insurance**

The normal liability and workers compensation provided to employees on campus is extended to staff while they are performing work for the College at their off-campus location as part of this agreement. If a work-related injury occurs while telecommuting, the employee must notify her or his supervisor(s) and Human Resources immediately, and complete all required forms.

I understand that I am liable for the loss of College-owned property due to damage or theft.

I am responsible for ensuring that the telecommuting location complies with all building codes.

I will comply with health and safety requirements.

I certify that the above information is true, and that I will comply with this agreement.

\_\_\_\_\_  
Employee Signature Date

**This arrangement is approved by:**

\_\_\_\_\_  
Supervisor(s) Signature(s) Date

\_\_\_\_\_  
Division Officer's Signature Date

\_\_\_\_\_  
President's Signature Date

**The original agreement is sent to Human Resources. Copies should be retained by the employee, supervisor(s), and Division Officer.**

