**PROPOSAL FOR TELECOMMUTING AGREEMENT**

Department/Unit:

Name and Position of Employee:

Date Telecommuting Begins: Date Telecommuting Ends:

Employee’s Written Request for Telecommuting Attached

Documentation to Support Request for Telecommuting Attached

Location for Telecommuting Site (Home, Alternate site)

Employee’s Telecommuting Phone Number

Employee’s Schedule and Specific Duties

(Job duties, obligations, responsibilities, and conditions in addition to standards of performance should remain unchanged)

|  |  |  |
| --- | --- | --- |
|  | ***Schedule***  (Days & Hours; if varies include those details) | ***Specific Duties***  (Be Detailed) |
| Telecommuting |  |  |
| On Campus |  |  |

Method of Communication with Supervisor, Colleagues, Students

How will materials (documents, forms, etc.) be kept readily available to those who need access?

How will you assure the security of university materials and equipment?

How will you respond to emergencies or other unexpected events in your department/unit?

Can you provide a workplace that is as safe as your departmental work site, so as to minimize the likelihood of injury?

Develop a plan to address your concerns and, to the extent that you can, those you anticipate from your supervisor, co-workers, and clients/students.

Develop a plan and timetable, with supervisor’s input, for monitoring/assessment the effectiveness of the arrangement.

APPROVAL:

Department Head Date

Dean / Director Date

Provost and Vice President for Academic Affairs Date

7/23/2020