

Staff Telecommuting Agreement

Section 1 – To Be Filled Out By Employee To Request An Agreement

Name: _____ Department: _____

Job Title: _____ Supervisor Name: _____

Remote Request (Select One):

Full (5 days per week)

Hybrid (List Days _____)

By Signing this form, I acknowledge that:

I have read and understand the requirements and provisions of the University's Telecommuting Policy and agree to abide by the requirements set forth therein; and I specifically acknowledge that the University may terminate the telecommuting agreement at any time and that telecommuting is not an employee right or guaranteed employee benefit.

Employee Signature: _____ Date: _____

Section 2 – To Be Filled Out by Supervisor

Section 2A

- | | | |
|---|-----|----|
| 1. Does the employee have the ability to successfully organize, manage time and work independently. | Yes | No |
| 2. Does the employee have at least a satisfactory work performance rating? | Yes | No |
| 3. Does the employee have a thorough understanding of their job functions? | Yes | No |
| 4. Does the employee have a clean disciplinary record within the last 2 years? | Yes | No |

If you answered No to any of the questions in Section 2A this employee does not qualify for a telecommuting agreement. **Stop** here and inform employee. If not, move to Section 2B.

Section 2B

- | | | |
|---|-----|----|
| 1. Will approval of this agreement shift job duties to another employee or change the duties of the position? | Yes | No |
| 2. Does this position require regular face to face contact with the supervisor or coworkers? | Yes | No |
| 3. Is this position student facing and needed to provide services on campus at any time during the workday? | Yes | No |
| 4. Is this position employee facing and needed to provide services on campus at any time during the workday? | Yes | No |
| 5. Is this position alumni or community facing and needed to provide services on campus at any time during the workday? | Yes | No |
| 6. Does this position require routine access to information or materials that are available only at the campus office location or require handling of secure information to remain on campus? | Yes | No |
| 7. Does this position require an immediate response to students as a core part of the duties. | Yes | No |

If you answered Yes to any of the questions in Section 2B this employee does not qualify for a telecommuting agreement. **Stop** here and inform the employee. If not, move to Section 2C.

Section 2C

- | | | |
|---|-----|----|
| 1. Are the duties of the position able to be performed remotely without any diminishing work quality or productivity of the unit or employee? | Yes | No |
| 2. Can this position work remotely without having a negative impact on the department morale? | Yes | No |
| 3. Are you able to work with the employee to develop a plan to define how the quality of work will be measured? | Yes | No |

If you answered No to any of the questions in Section 3B this employee does not qualify for a telecommuting agreement. **Stop** here and inform the employee. If not, move to Section 3

Section 3 – Supervisor Approval

Do you approve this telecommuting agreement? Yes No
If No, please provide a reason below and inform the employee.

If Yes, complete the section below, sign and send to the Director/Dean:
Full (5 days per week) Hybrid (List Days _____)

Supervisor Signature: _____ Date: _____

Section 4 – Director/Dean Approval

Do you approve this telecommuting agreement? Yes No
If No, please provide a reason below and inform the supervisor and employee.

If Yes, please sign below and send to the Vice President.

Director/Dean Signature: _____ Date: _____

Section 5 – Vice President Approval

Do you approve this telecommuting agreement? Yes No
If No, please provide a reason below and inform the Director, Supervisor and Employee.

If Yes, please sign below and inform the Director, Supervisor and Employee.

Vice President Signature: _____ Date: _____