

## Telecommuting Agreement Form

### Office of Human Resources

Employee Last Name:	Employee First Name:	Employee Title:
Employee ID:	Employee Department:	Supervisor Name:
Begin Date:	End Date:	Review Date:

These conditions for telecommuting are agreed to by the telecommuting employee (“employee”) and his/her supervisor:

1. The employee will work at the following address: \_\_\_\_\_
2. The employee’s designated workspace is as follows: \_\_\_\_\_

**Instructions for Question 3:**

FLSA Exempt Employees:

- If subject to a structured work schedule, complete ALL of question 3.
- If not subject to a structured work schedule, complete ONLY the Total Telecommuting Hours Per Day.

FLSA Non-Exempt Employees:

- Complete all of question 3. Advance supervisory approval is required to vary from the stated times.

3. The employee’s telecommuting work schedule will be:
 

Telecommuting Days:    Mon        Tues        Wed        Thurs        Fri

Telecommuting Time: Start Time: \_\_\_\_\_ Finish Time: \_\_\_\_\_

Breaks (if applicable): \_\_\_\_\_

Total Telecommuting Hours Per Day: \_\_\_\_\_
4. The position description (PD) outlines the employee’s job duties. Attach a copy of the PD, including a clear delineation of the percentage of time that each job duty will be performed at the designated workspace and at any MVNU job site.
5. Business telephone calls made from the designated workspace will be paid for as follows:
 

\_\_\_\_\_

\_\_\_\_\_

6. Use of communication devices (phone, internet access, etc.) for MVNU purposes will be paid for as follows:
 

\_\_\_\_\_

\_\_\_\_\_

7. If MVNU-owned equipment or furniture will be required by the employee at the designated workspace, describe below. (When authorized, this equipment is approved for MVNU work only.)

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8. Communication between the employee and his/her office (e.g. e-mail, voice mail, etc.) will be handled as follows:

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9. Employee agrees to allow MVNU to inspect the employee's designated workspace at mutually agreed-upon times to ensure that safe working conditions exist. Times / frequency are as follows:

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10. Additional terms agreed to by the employee and the supervisor:

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**Employee has read and understands the MVNU Telecommuting Policy and this agreement. Employee agrees to abide by and operate in accordance with the terms and conditions outlined in both documents. Employee agrees that the sole purpose of this agreement is to regulate telecommuting and that it neither constitutes an employment contract nor an amendment to any existing contract. Employee understands that this agreement may be terminated at any time.**

<i>Employee Signature:</i>	<i>Date</i>
<i>Supervisor Signature:</i>	<i>Date:</i>
<i>SLT Signature:</i>	<i>Date:</i>
<i>Office of Human Resources Signature:</i>	<i>Date:</i>
<i>Office of Information Technologies</i>	<i>Date:</i>