

Telecommute Agreement

EMPLOYEE INFORMATION

Name:		Job Title:	
Employee ID Number:		Department:	
Telecommute Address:		Residence / Mobile Phone:	

TELECOMMUTE INFORMATION

This telecommute arrangement is:	<input type="checkbox"/> Regular/Recurring OR <input type="checkbox"/> Occasional/Temporary
This agreement will run from:	From: _____ To: _____ OR <input type="checkbox"/> Ongoing until further notice
Telecommute work days/hours:	
Onsite work days/hours:	
If other, please specify:	

Telecommuting Equipment

Required equipment:	Indicate if your equipment is District-owned or personal:
<input type="checkbox"/> Computer	
<input type="checkbox"/> Printer	
<input type="checkbox"/> Other (please specify below): <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Monitors, docking stations, keyboard, scanner

Method of communication while telecommuting:		
<input type="checkbox"/> Phone	Phone number:	
<input type="checkbox"/> Email	Email address:	
<input type="checkbox"/> Text	Phone number:	
<input type="checkbox"/> Instant Messaging		
<input type="checkbox"/> Zoom		
<input type="checkbox"/> Other (please specify):		

EMPLOYEE ACKNOWLEDGEMENTS

<input type="checkbox"/>	I agree to abide by District Policies and Procedures, the terms of the Telecommute Program, Safety Checklist and this Telecommute Agreement.
<input type="checkbox"/>	I understand and agree that telecommuting is a privilege, not a right, and is not subject to the grievance process.
<input type="checkbox"/>	I acknowledge that this arrangement is voluntary and may be terminated at any time by either party, with notice as specified in the Telecommute Program.
<input type="checkbox"/>	I acknowledge that management retains the right to modify the agreement on a temporary basis as a result of business necessity (for example, I may be required to come to campus on a particular day), or as a result of my request when approved by my supervisor.
<input type="checkbox"/>	I understand and agree that I must come into the office on a regularly scheduled telecommute day when my supervisor requires me to do so.
<input type="checkbox"/>	I agree to provide necessary security for both electronic and paper information. I understand and agree that I must comply with all procedures designed to protect sensitive District information, including information that is confidential, private, personal, or otherwise sensitive while telecommuting.
<input type="checkbox"/>	I agree to provide a secure location for District owned equipment and materials, and will not use, or allow others to use, such equipment for purposes other than District business; and acknowledge that the District is entitled to reasonable access to its equipment and materials.
<input type="checkbox"/>	I acknowledge that the District issued computer and equipment/supplies must be returned to the District within one (1) working day of termination of this agreement.
<input type="checkbox"/>	I will establish and maintain a safe home office environment. I acknowledge that my designated workspace complies with all health and safety requirements.
<input type="checkbox"/>	I will learn and apply ergonomic safety practices.
<input type="checkbox"/>	I agree to hold the District harmless for any injury to others at the telecommuting location.
<input type="checkbox"/>	If I choose to use my privately owned equipment for the necessary performance of my job duties, I agree to maintain or repair it at my own cost.

<input type="checkbox"/>	I agree I am responsible for any utility costs associated with the use of the computer or occupation of the telecommute location.
<input type="checkbox"/>	I acknowledge I am responsible for any travel expenses associated with commuting to the District, unless stated otherwise in the agreement.
<input type="checkbox"/>	I agree I am responsible for any installation and service of phone or data lines or other costs associated with phone and internet connectivity.
<input type="checkbox"/>	I agree to make arrangements for dependent care as I would if I were not telecommuting.
<input type="checkbox"/>	I agree to ensure customer needs take precedence over the home office schedule and I will proactively stay in touch with my supervisor, coworkers, students and customers
<input type="checkbox"/>	I agree to achieve proficiency in computer hardware and software skills necessary to perform the assigned Telecommute duties.

By signing, I affirm I have read and understand the Santa Rosa Junior College Telecommuting Article and Agreement and that the information in this agreement is true.

Employee Name/Signature (if required)	Date
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SUPERVISOR REVIEW AND APPROVAL

Name:	
Title:	
<input type="checkbox"/>	I have reviewed and approved this Telecommuting Article and Agreement.

Supervisor Signature	Date
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VICE PRESIDENT REVIEW AND APPROVAL

Name:	
Title:	
<input type="checkbox"/>	I have reviewed and approved this Telecommuting Agreement.

Vice President Signature	Date
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