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###  Telecommuting Agreement

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| **EMPLOYEE INFORMATION** |
| Name: |  | ID#: |  |
| Department: |  | Job Title: |  |
| Employee Type: | * Classified
 | * Faculty
 | * Unclassified Admin
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| Supervisor Name: |  |
| **TELECOMMUTING CONDITIONS** |
| The employee will work at (street address, city, zip code, phone): |
|  |
| The employee's usual designated work area will be (e.g., home office, living room, etc.):  |
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| The employee's normal telecommuting work schedule will be (days and hours): |
|  |
| The following are typical assignments to be worked on by the employee at the remote location. Specify any projects that have deadline/completion dates: |
|  |
| Regular communication ("check-ins") between employee and supervisor will occur as follows: |
| * Daily
* Every other day
* Set days (specify):
 | * Weekly
* Other: (Specify below)
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| Additional conditions agreed upon by the telecommuting employee and the supervisor are as follows: |
|  |
| Planned duration or expiration of Telecommuting Agreement: |
|  |
| **EQUIPMENT INFORMATION** |
| The following Oregon Tech owned equipment will be used by the employee in the remote work location and will be returned to Oregon Tech when directed or at the expiration of this agreement: |
| * Laptop Computer
* Desktop Computer
* Tablet
* Monitor
* Printer
 | * Cellular Phone
* Mobile Hotspot
* Mouse
* Keyboard
* Scanner
 | * Other: (Specify below)
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By signing below, I acknowledge I agree to the duties, obligations, and responsibilities outlined herein. The undersigned employee understands that this agreement can be revised, amended, or revoked at any time.

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| Request: Employee Signature |  | Date |
|  |  |  |
| Approval: Supervisor Signature |  | Date |
|  |  |  |
| Review: Dean/VP/Provost Signature |  | Date |