



## Telecommuting Agreement

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1. Duration:

\_\_\_\_\_

2. Alternative work site:

3. Schedule at the alternative worksite (for *non-exempt employees*, list days, start time, lunch time, any mandatory break times, and finish time each day; for *exempt staff*, list days and start time each day):

By signing below, I acknowledge that I have read, understand, and will comply with the Telecommuting and Remote Work Policy and the Telecommuting Programs and Early Friday Release Policy

\_\_\_\_\_  
Telecommuter signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department head/supervisor signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Human resources signature

\_\_\_\_\_  
Date