

Telecommuting Agreement

EMPLOYEE INFORMATION			
Name:		ID#:	
Department:		Job Title:	
Employee Type:	<input type="checkbox"/> Classified	<input type="checkbox"/> Unclassified	<input type="checkbox"/> Faculty
Supervisor Name:			
TELECOMMUTING CONDITIONS			
<p>Telecommuting Location: Identify designated work area, including full address and location within the home (e.g., home office, living room, etc.). <i>Why do we ask? This is needed for Workers' Compensation purposes.</i></p>			
<p>Work Schedule: Describe the employee's telecommuting work schedule (days and hours; specify any variations between workdays):</p>			
<p>Remote Work Tasks: Describe the primary work assignments and job tasks to be performed when the employee is telecommuting. Identify any projects with specific deadline/completion dates:</p>			
<p>Supervisor Check-Ins: Describe frequency of regular communications between the employee and their supervisor (daily, every other day, weekly, etc.):</p>			
<p>Additional Conditions: List any additional conditions agreed upon by the employee and the supervisor:</p>			
<p>Telecommuting Agreement Term: Start Date: _____ Anticipated Expiration Date: _____</p>			
EQUIPMENT INFORMATION			
<p>Oregon Tech Equipment: List all Oregon Tech-owned equipment that will be used by the employee during their remote work assignment (e.g., laptop computer, desktop computer, printer, tablet, monitor, cell phone, keyboard, scanner, etc.):</p>			

By signing below, I acknowledge I agree to the duties, obligations, and responsibilities outlined herein. The undersigned employee understands that all or portions of this agreement can be revised, amended, or revoked by Oregon Tech at any time.

Telecommuting Employee Signature

Date

Immediate Supervisor Signature

Date

Next Level Supervisor Signature

Date

Supervisors: retain a signed copy and send a copy to Human Resources at oithr@oit.edu, for placement in the employee personnel file.