

## TELECOMMUTING AGREEMENT

### Telecommuter Information

Employee Name: \_\_\_\_\_ Red ID: \_\_\_\_\_

Classification: \_\_\_\_\_ Department: \_\_\_\_\_

Telecommuting Site Address: \_\_\_\_\_

Work Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

Telecommuting Start Date: \_\_\_\_\_ End Date (if applicable): \_\_\_\_\_

### Telecommuter Work Schedule

Mark the days that you are scheduled to work at the Telecommuting Site (TS) and the days you are scheduled to work on campus (OC). If your telecommuting work hours are different from your normal work hours, list them below. Work hours will be in accordance with Collective Bargaining provision(s).

### **Weekly Work Schedule Hours and Location**

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Location							
Start							
End							

By signing this Agreement, the employee acknowledges that they have received, read, and understood the San Diego State University Telecommuting Policy. Furthermore, the employee agrees to abide by the Telecommuting Policy and this agreement.

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Appropriate Administrator

\_\_\_\_\_  
Date

Approved \_\_\_\_\_ Denied \_\_\_\_\_

\_\_\_\_\_  
Labor & Employee Relations Date

**A copy of the employee's position description, reflecting currently assigned duties and responsibilities, must be attached to this agreement.**

cc: Personnel File