



TELECOMMUTE REQUEST & AGREEMENT

AR4045

Employee Name Employee ID Number

Employee Title

Trial Period (not to exceed three (3) months) _____ to _____
Start Date End Date

Agreement (after trial period) Effective Date: _____

Telecommuting Schedule (indicate work hours for each day): **Attach annual work calendar**

Equipment Required:

1. _____
2. _____
3. _____
4. _____

By signing below, I acknowledge that this is a voluntary request and understand the following:

- I must adhere to SP4045 and AR4045 regarding Telecommuting (attached)
- I must adhere to SE4040 regarding Employee Use of Technology (attached)
- I must report any health or safety concerns or incidents within 24 hours, or as soon as possible
- I remain accountable for complying with all other MCOE policies and procedures
- I must remain contactable during the hours agreed upon in the work schedule shown above
- I must remain available to return to the work site with adequate notice from my manager
- I must complete and adhere to the SE4045 Safety Checklist while telecommuting (complete and attach)
- I must provide evidence that I have an ergonomically correct and safe workstation (attach photos)
- I must adhere to all applicable laws, rules, regulations, policies, and procedures regarding information security, and take all appropriate measures to safeguard MCOE's information and property
- I must adhere to state and federal laws regarding lunch and rest breaks
- I must accurately report my time and obtain approval for overtime in advance, as applicable
- I must provide receipts to MCOE as per established protocols for ordering supplies
- This Telecommuting Agreement is not a benefit and may be terminated at any time

Employee Signature Date

Supervisor Signature Date

For HR Use Only

This employee is not probationary

Division Head Signature Date

HR Signature Date

Division Head: Please submit completed document and attachments to HR.