

Employees please work with your supervisor to fill out this form and sign once completed.

Supervisors please email a copy of the signed form to servicedesk@spscc.edu for IT approval. The supervisor will be provided a signed copy to send to their Vice President for final approval. Questions? Please contact Human Resources at humanresourcesstaff@spscc.edu

Telework Agreement

Name: _____ Job Title: _____

Department: _____ Phone: _____

Address: _____

Telework Schedule:

| Day of Week | LOCATION | HOURS | |
|------------------|--------------------------------|----------------|-------------|
| | Indicate: Home, College, Other | Beginning Time | Ending Time |
| MONDAY | | | |
| TUESDAY | | | |
| WEDNESDAY | | | |
| THURSDAY | | | |
| FRIDAY | | | |
| SATURDAY | | | |
| SUNDAY | | | |

Telework Schedule Effective Dates (not to exceed 1 year):

Beginning Date: _____ Ending Date: _____

Describe primary job duties:

Describe primary systems and/or data you need to be able to perform job duties:

Description of hardware to be used to work remotely (see portal for assigned assets):

Employee Section:

I _____:
(Name)

1. Have read the SPSCC Telecommuting Policy and agree to abide by its provisions.
2. Understand that this Telecommuting Agreement may be terminated at any time by myself or the College.

Employee Signature

Date

Supervisor Section:

Supervisor's Signature

Date

Vice President's Signature

Date

IT Section: Approve Deny

Reason (if denied)

ETO Signature

Date

Human Resources Section: Approve

Reason (if denied)

EHRO Signature

Date