

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

Once employee and supervisor have signed the agreement, please email a copy to servicedesk@spscc.edu for IT review. After IT has approved and signed the agreement, a copy will be sent to the Vice President or Executive for final approval. Final signed agreements will be sent to the employee and supervisor for their records. Questions? Please contact Human Resources at humanresourcesstaff@spscc.edu.

Telework Agreement

Name: _____ Job Title: _____

Department: _____ Phone: _____

Address: _____

Telework Schedule:

	LOCATION	HOURS	
Day of Week	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