

Telecommuting Agreement

This form is to be used by eligible non-faculty employees requesting approval to work one or more days each work week at an alternate site. Complete this form and submit it for approval through your chain of command up to the Vice President/President. Final signed form should be forwarded to Human Resources prior to beginning to work remotely.

Date Submitted:					
Employee Name:			MCC ID Number:		
Department:			Work Location:		
Remote					
Work Schedule:	M	T	W	TH	F
Hours:					
Duties to be performed:					
Monitoring Process: <i>Example: Submit a daily list of completed tasks, process requests within two hours of receipt, update databases each day, comply with deadlines assigned.</i>					
Communication Methods & Requirements: <i>Example: Respond to emails within two hours of receipt, respond to phone calls or text messages within one hour</i>					
Use/Need of College Materials & Equipment					
Requirements specific to the telecommuter and position					
By signing below and submitting, the employee agrees to the expectations and requirements stipulated in this form and Non-Faculty Employee Telecommuting Policy (F-I-j)					
Employee Signature					
Immediate Supervisor Signature:					
Immediate Supervisor Comments:					
Director Signature:					
Director Comments:					
Vice President/President Comments:					
Vice President/President Signature:					
Original request retained in HR office:		Copy of request returned to supervisor:		Copy of request returned to employee:	