

John Carroll University

Telecommuting Request and Agreement

Supervisor and Employee will work together to fill out sections I, II, and III.

I. General Information	
Today's Date:	
Employee Name:	
Employee Banner ID:	
Position:	
Department:	
Office Phone:	
Supervisor's Name:	
Alternative Work Location (address):	
II. Describe how the current job duties are conducive for telecommuting including how services to students, faculty, staff or other community members will be provided away from campus?	
Telecommuting beginning date: _____ ending date or reevaluation of agreement, if known: _____ Anticipated percentage of time per week that employee will be telecommuting: _____ <i>Note: As per the Telecommuting Policy, telecommuting arrangements can be discontinued at any time by the University, for any reason, with or without notice.</i>	

III. Please explain how performance will be monitored and the criteria that will be used to measure performance.		
Work Conditions & Safety Checklist Required for Telecommuting Arrangement – employee to initial appropriate box.	YES	NO
1. The employee reviewed and understands the Telecommuting Policy.		
2. The employee understands job responsibilities and the schedule of assigned hours during which they will be working and available by phone or email.		
3. Requirements for adequate and safe office space at the Approved Alternative Work Site have been discussed with the employee, and the employee acknowledged that those requirements have been met and will continue to be met. Employee was asked whether he/she has any safety concerns or special requests.		
4. The employee confirms they have a working phone and internet connectivity at the Alternative Work Site.		
5. The employee confirms that dependent care and/or personal business will not interfere with the job duties or performance expectations during working times (excluding breaks or lunch). The employee acknowledges telecommuting is not a replacement for appropriate dependent care.		
6. The employee understands and agrees that anyone from John Carroll University System may visit the Approved Alternative Work Space to monitor productivity, confirm adherence to applicable laws and policies, and investigate on-the-job accidents and injuries, and understand that this does not alleviate their full responsibility for maintaining a safe workspace, in accordance with John Carroll University standards.		
Employee Signature _____ Date _____		

IV. Approvals- Supervisor and Divisional Vice President will sign and submit to HR.

The proposed telecommuting request has been reviewed and approved by the Supervisor, Division Vice President and the Assistant Vice President, Human Resources. Additional information or amendments to the information in the request for the terms of the telecommuting agreement can be initialed below.

Supervisor _____ Date _____

Divisional Vice President _____ Date _____

AVP of Human Resources _____ Date _____

Notes or Additional Information: