



<b>Employee Name</b>	<b>Date</b>
<b>Employee ID</b>	<b>Hire Date</b>
<b>Employee's Department</b>	<b>Job Title</b>

Request to begin on: \_\_\_\_\_ .

If approved, this agreement will be reviewed on \_\_\_\_\_ (3-month trial period).

<b>Proposed Work Location Address:</b> Street Address/City/State/Zip	Employee Residence? Y <input type="checkbox"/> N <input type="checkbox"/>
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**Scheduled Workdays at Valparaiso University:**

Monday     Tuesday     Wednesday     Thursday     Friday

**Scheduled Workdays at alternate location:**

Monday     Tuesday     Wednesday     Thursday     Friday

**Regularly Scheduled Work Hours:**

From: \_\_\_\_\_ am/pm      To: \_\_\_\_\_ am/pm

<b>If schedule will vary from week to week, please provide schedule detail below:</b>
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**University Property Needed by Employee:** The university does not commit to supplying equipment or internet lines, but will consider requests for equipment as part of the application process:

<b>Equipment Needed</b>	<b>Reason</b>	<b>Estimated Cost to University</b>

**Other terms and conditions of telecommuting agreement, if any:**

**Employee Agreement:**

1. I understand that overtime at any work site must be approved in advance by my supervisor.
2. I agree to remain accessible during designated work hours and to be available on campus as requested by my supervisor. I understand that my supervisor retains the right to modify this agreement as a result of business necessity.
3. I agree to maintain a safe and secure work environment. I will allow the university access to evaluate safety and security, upon reasonable notice.
4. I agree to report work-related injuries at the earliest reasonable opportunity. I agree to hold the university harmless for injury to others at the alternate work site.
5. I agree to use university-owned equipment, records, and materials for university business only, and to protect them against unauthorized or accidental access, use, modification, destruction, or disclosure. I agree to report to my supervisor instances of loss, damage, or unauthorized access at the earliest reasonable opportunity.
6. I understand that all equipment, records, and materials provided by the university shall remain the property of the university.
7. I understand that I am responsible for tax consequences, if any, of this arrangement, and for conformance to any local zoning regulations.
8. I understand that all obligations, responsibilities, terms and conditions of employment with the university remain unchanged, except those obligations and responsibilities specifically addressed in this agreement.
9. I understand that the terms of this agreement may be terminated by either party at any time.

I have read the contents of this agreement and the Valparaiso University telecommuting policy. I agree to abide by all of the requirements of the policy and of this agreement.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**Valparaiso University Approval:**

The employee mentioned above has met all of the terms and conditions of the Valparaiso University telecommuting policy, and approval is granted for the employee to participate in the program according to the details listed above.

\_\_\_\_\_  
Supervisor Approval (or attach electronic approval)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Vice President Approval (or attach electronic approval)

\_\_\_\_\_  
Date