I. Short-term Work Arrangement – Related to COVID-19 – (If you are NOT telecommuting, skip to #4.)

1. This is an agreement between ___________________ (“the department”) and ___________ (“Employee”) to establish the terms and conditions for performing work at an alternate work site.

2. This agreement will begin on __________ and continue until notified by department head. The following conditions apply:
   a. Employee’s telecommuting hours are ____________________.
   b. Employee’s regular location (campus) hours are ____________.
   c. Employee’s contact phone number is ____________________.

3. While telecommuting, Employee will:
   a. remain accessible by phone or electronically during the telecommute work schedule;
   b. be responsible for establishing effective communication among co-workers and customers and to check in with the supervisor to discuss status and open issues;
   c. be available for teleconferences, scheduled on an as-needed basis;
   d. request supervisor approval in advance of working any overtime hours (if employee is non-exempt);

4. (check this if applicable) I am unable to telecommute. As a result, I am requesting accommodations to my work schedule due to the impact of COVID-19 on my department and my personal work schedule. I am requesting emergency leave for any impact to my work schedule.
   a. Employee’s limited on site (campus) hours are ________________.

II. Safety & Equipment; Information Security

1. Employee agrees to maintain an adequate, safe, and secure work environment and to report work-related injuries to Employee’s supervisor at the earliest reasonable opportunity. Employee agrees to hold the College harmless for injury to others at the alternate work site.

2. Regarding space and equipment purchase, set-up, and maintenance for telecommuting purposes:
   a. Employee is responsible for providing space, telephone, printing, networking and/or Internet capabilities at the telecommute location, and shall not be reimbursed by the employer for these or related expenses. Internet access must be via DSL, Cable Modem, or an equivalent bandwidth network.
   b. Employee agrees to protect College-owned equipment, records, and materials from unauthorized or accidental access, use, modification, destruction, or disclosure.
   c. Employee understands that all equipment, records, and materials provided by the College shall remain the property of the College and that all software licensing and copyright laws, as well as precautions will be followed.
   d. No Protected Health Information or otherwise confidential information should be kept on personal electronic equipment.

I hereby affirm by my signature that I have read this agreement and understand and agree to all of its provisions.

____________________________ _______________________
Employee’s Name Date

____________________________ _______________________
Supervisor’s Name Date

Retain a copy of this form in your departmental files and forward a copy to Human Resources.