

## Telecommuting Agreement

### Employee Information:

Employee Name:

Alternative phone/contact

Job Title:

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on each line):

Full-Time

Part-Time

**In addition to your existing obligations and responsibilities, as a telecommuting employee, you must agree to the following:**

By signing, I signify that I understand and agree to the above:

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name/Title

**Approvals:**

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name/Title

\_\_\_\_\_  
Division VP Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name/Title

**HR Review:**

Date of meeting with supervisor: \_\_\_\_\_

Approved? (Circle one):                      Yes                      No

\_\_\_\_\_  
HR Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name/Title

The completed form will be filed with the employee's home department and in the employee's HR file.