



Please work with your supervisor to complete this form. Once the employee signs the form, the supervisor will sign the form and obtain the signature of the appropriate administrator.

### Telework Agreement

Employee Name:

Job Title:

Telephone (Office):

Telephone (Telework):

### In-Person/Telework Schedule

Day	Working Location (Remote or Office)	Hours: Begin	Hours: End
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Telework effective date:

Indicate primary systems and/or data access needed to be able to perform job duties:

Description of hardware needed to work remotely:

### **Employee Acknowledgment**

I \_\_\_\_\_ have read and understand the YCCD telecommuting procedure and agree to abide by its provisions. Additionally:

- I understand that I am to maintain the same availability while teleworking as while working in the office. This includes ensuring my supervisor has a telephone number to reach me.
- I understand that my telework location must be within 100 miles of my regular working location.
- I understand that I may be required to report to work within a reasonable time on a telework day.
- I understand that this Telecommuting Agreement may be terminated at any time by myself or the College/District.

### **Approval Section**

Supervisor Signature

Date:

Chancellor/President (or Designee)

Date: