



After the employee completes the *Telecommuting Request Form*, and the request is approved, this form must be utilized to document a telecommuting arrangement.

Staff name: \_\_\_\_\_

Position title: \_\_\_\_\_

Program/Business Unit: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Current status: Exempt: \_\_\_\_\_ Non-Exempt: \_\_\_\_\_ FTE: \_\_\_\_\_

Please describe the telecommuter arrangement: \_\_\_\_\_

\_\_\_\_\_

Remote location: Home: \_\_\_\_\_ Other (describe): \_\_\_\_\_ City, State: \_\_\_\_\_

Remote equipment (hardware, applications) provided by the University (not required): \_\_\_\_\_

\_\_\_\_\_

Remote equipment (hardware, applications) provided by the employee: \_\_\_\_\_

\_\_\_\_\_

Send to security@brandeis.edu for approval: \_\_\_\_\_

Remote work schedule: \_\_\_\_\_

Phone number at which I will be available during hours of telecommuting: \_\_\_\_\_

Effective date of agreement: \_\_\_\_\_ Period of agreement: \_\_\_\_\_ (maximum one year)

I will ensure required virus/malware detection application is in place and functioning. I understand I am responsible for any costs other than what would normally be provided by Brandeis for on-site employment or specifically provided for this arrangement.

I understand that Telecommuting arrangements are subject to ongoing review and may be subject to revision or termination at any time based on business needs or performance concerns.

I also understand that telecommuting is not a substitute for child or elder care and certify that I have made arrangements, if necessary, for child or elder care, during times that I will be telecommuting.

I further agree to allow Brandeis University to implement appropriate processes as needed to monitor and/or ensure the arrangement meets appropriate standards of productivity and service.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approver name: \_\_\_\_\_ Date: \_\_\_\_\_

Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_