

Mississippi Valley State University
Office of Human Resources

FACULTY TELECOMMUTE (REMOTE WORK) AGREEMENT FORM – SPRING 2021

Signing this form indicates that the requestor is allowed to work remotely for a time specified and failure to work as scheduled is considered misuse of University funds. Employees and supervisors are subject to audit regarding time worked, and any employee/supervisor may be subject to disciplinary actions for neglect of duties in job performance. Telecommuting should not be a means for childcare or other personal life situations.

Employee Information

Faculty Name: (print) _____ Faculty ID# _____
Faculty Signature: _____ Full-time Part-time
Job Title: _____ Department/Division: _____

Check all that Applies

- I qualify and have been approved to telecommute as an accommodation through the Americans with Disabilities Act (ADA) *approved disability accommodation request form and accommodation questionnaire are on file in the Office of Human Resources; I have read and understand the guidelines for telecommuting (remote work) *signed Telecommuting Guideline Form is on file in the Office of Human Resources
- I have received permission to telecommute due to reasons outside of ADA accommodations *documentation granting approval is on file in the Office of Human Resources; I have read and understand the guidelines for telecommuting (remote work) *signed Telecommuting Guideline Form is on file in the Office of Human Resources

Spring 2021 Teaching Schedule

Subject	Course #	Course Title	Credit Hours

Faculty member is required to fully participate in all unit meetings via Zoom or other remote means and meet all contractual obligations (advising, office hours, service, scholarship, etc.) remotely.

Chair's/Department Head's Signature

Date

Human Resources Director

Date

Provost/Senior Vice President for Academic Affairs

Date

*Provost/Senior Vice President may verify that the required documents are on file in the Office of Human Resources

Comments
