

Mississippi Valley State University
Office of Human Resources
STAFF TELECOMMUTE (REMOTE WORK) AGREEMENT FORM 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

Staff Name: (print) _____ Staff ID# _____

Staff 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

Proposed Schedule Details

Week Beginning _____ Week Ending _____

| Proposed Schedule: Week 1 | | | Proposed Schedule: Week 2 | | | Proposed Schedule: Week 3 | | | Proposed Schedule: Week 4 | | | |
|--------------------------------|------|------------------|--------------------------------|------|------------------|--------------------------------|------|------------------|--------------------------------|------|--|------------------|
| Days | Date | Total # of Hours | Days | Date | Total # of Hours | Days | Date | Total # of Hours | Days | Date | | Total # of Hours |
| <input type="checkbox"/> Sun | | | <input type="checkbox"/> Sun | | | <input type="checkbox"/> Sun | | | <input type="checkbox"/> Sun | | | |
| <input type="checkbox"/> Mon | | | <input type="checkbox"/> Mon | | | <input type="checkbox"/> Mon | | | <input type="checkbox"/> Mon | | | |
| <input type="checkbox"/> Tues | | | <input type="checkbox"/> Tues | | | <input type="checkbox"/> Tues | | | <input type="checkbox"/> Tues | | | |
| <input type="checkbox"/> Wed | | | <input type="checkbox"/> Wed | | | <input type="checkbox"/> Wed | | | <input type="checkbox"/> Wed | | | |
| <input type="checkbox"/> Thurs | | | <input type="checkbox"/> Thurs | | | <input type="checkbox"/> Thurs | | | <input type="checkbox"/> Thurs | | | |
| <input type="checkbox"/> Fri | | | <input type="checkbox"/> Fri | | | <input type="checkbox"/> Fri | | | <input type="checkbox"/> Fri | | | |
| <input type="checkbox"/> Sat | | | <input type="checkbox"/> Sat | | | <input type="checkbox"/> Sat | | | <input type="checkbox"/> Sat | | | |

If additional columns are need for Week 5, please complete another form and change the proposed scheduled week to indicate Week 5

Chair's/Department Head's Signature

Date

Human Resources Director

Date

Area Executive Cabinet Member *

Date

*Area Executive Cabinet Member may verify that the required documents are on file in the Office of Human Resources