

Mississippi Valley State University
Office of Human Resources
STAFF TELECOMMUTE (REMOTE WORK) AGREEMENT FORM 2022

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