



Name of Telecommuter:
Address/Location of Telecommuting:
Name of Supervisor:
Department:

Home based telecommuting is a work arrangement made by mutual agreement and can be discontinued by the Dean/Director or employee at any time, normally with a 21 calendar day notice.

Purpose for Telecommuting:

Primary performance expectations (attach a copy of current position description to include organization chart):

Work Schedule: (attach completed form [HR #101](#))

Dates of telecommuting assignment:

Begin Date:	End Date:
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(A new agreement must be completed at least once each year)

*Day (s) of the week employee is working on campus: *

The University will pay for business related expenses including telephone calls and Internet access, maintenance and repairs of state owned equipment. Claims must be submitted on a Travel Expense Claim in accordance with University guidelines. Replacement of state owned equipment that is stolen or destroyed will be the responsibility of the telecommuter's homeowners/renters insurance, up to the limits of such policy(s). Replacement cost above personal policy limits will be the responsibility of SF State University.

Equipment provided by the University:

Equipment	SFSU Inventory#	Actual Cost

The Dean/Director should obtain VP/Provost authorization and Human Resources/Risk Management Certification and approval of requested telecommuting arrangement PRIOR to finalizing and implementing agreement with the employee.

Order of signature shall be as follows:

_____ 1) VP/Provost Authorization for Review- Date	_____ 2) AVP HR/Risk Management Approval-Date
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_____ 3) Dean/Director Signature- Date	_____ 4) Employee Signature-Date
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