



<b>Name of Telecommuter:</b>
<b>Address/Location of Telecommuting:</b>
<b>Name of Supervisor:</b>
<b>Department:</b>

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 30 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:**

<b>Begin Date:</b>	<b>End Date:</b>
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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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