CSCU Connecticut State Colleges & Universities

MANAGEMENT / CONFIDENTIAL PROFESSIONAL EMPLOYEE TELECOMMUTING APPLICATION

Name:_____

Current Official Work Location: _____

Job Title:_____

Supervisor: _____

2nd Tier Manager: _____

1) I am seeking the following telecommuting arrangement (check one):

_____ Scheduled _____ Intermittent _____ Remote Office

Please provide further details in this space if desired:

_____
_____
_____
_____
_____

2) The requested duration of the agreement is the following:

From _____ to _____
(mm/dd/yy) (mm/dd/yy)

3) I will telecommute _____day(s) per pay period.

Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐

Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐

4) My scheduled work hours will be from _____ to _____.

5) Proposed Telecommuting Location and Telephone:

Address: _____ Phone #: _____

_____

6) I expect to perform the same job duties as those included in my job description at the telecommuting location. Include any materials, records or other work products you need to perform your job duties and whether any of those materials are confidential or protected.

7) I will communicate with my supervisor, co-workers, and work-related contacts through the following channels while telecommuting:

8) Telecommuting is expected to increase my efficiency and productivity in the following ways (if requesting an extension please describe how the previous telecommuting agreement impacted this area):

9) My supervisor will be able to monitor my work productivity in the following ways:

10) The following equipment will be used at the telecommuting site: (please specify whether equipment is agency-owned or employee-owned).

Item_____Owner_____
Item_____Owner_____
Item_____Owner_____
Item_____Owner_____
Item_____Owner _____

11) By signing this application, I attest that I have:

- Reviewed the Telecommuting Policy for CSCU Management & Confidential Professional Employees and I understand my rights and obligations under the Policy and any related policies.
- Understand that telecommuting is strictly voluntary and may end without cause, by either party.

- Agree that the agency reserves the right to modify this arrangement at any time.

- Understand that this telecommuting application must be approved and signed before I begin telecommuting.

Nothing contained in this application conveys nor is intended to convey upon the employee a contract of employment.

This telecommuting agreement is governed by and complies with all policies and procedures reference therein, as well as all other applicable state and agency policy and procedures. The undersigned have read, understand and acknowledge abiding by these policies.

_____ _____

Employee's Signature *Date*

_____ _____

Supervisor's Signature *Date*

_____ _____

2nd Tier Manager's Signature *Date*

This agreement ☐ was modified ☐ was ended ☐ is new ☐ is being renewed

_____ _____

HR Shared Services / Chief HR Officers Signature *Date*

COPY TO BE FILED IN EMPLOYEE'S PERSONNEL FILE.