

TELECOMMUTING APPLICATION/AGREEMENT

I have read and understand the Telecommuting Guidelines and I agree to the obligations, responsibilities and conditions set forth.

I agree, that I am responsible for:

- Establishing specific telecommuting hours with my supervisor;
- Furnishing and maintaining my remote work space in a safe manner and at my own expense;
- Utilizing appropriate telecommuting security measures;
- Protecting and securing agency assets and property.

I understand that telecommuting is voluntary part of my employment. I may stop telecommuting at any time. I also understand that WOU may change or discontinue its telecommuting guidelines at any time. Additionally, for business or reasons relating to my job function or performance, permission to telecommute may be withdrawn at any time.

I acknowledge that the attached exhibit is a part of this agreement.

EMPLOYEE

V#: _____ Department: _____

Print Name: _____ Signature: _____ Date: _____

SUPERVISOR

Print Name: _____ Signature: _____ Date: _____

Please forward this completed form via email to hr@wou.edu or via campus mail to Human Resources.

EXHIBIT A - AGREEMENT

Remote work location (Address and telephone number):

Description of remote work site:

Telecommuting schedule:

Description of Western Oregon University's assets or property to be used at the remote work site: