

Summer/Fall 2020 Telecommute Work Agreement Request Form

In recognition of the current uncertainty about conditions in the fall semester and the variable risks that a return to campus may pose to individual employees and their families, those individuals who are members of a high-risk group or those caring for a family member who is a member of a high-risk group may request to work from home via a telecommute work agreement. Requests must be submitted and approved prior to commencing telecommute work.

High risk populations are defined by the CDC as individuals 65 years and older, or those with underlying medical conditions such as:

- | | | | |
|--------------------------|--------------------------|----------------------------|------------------------|
| • Chronic Kidney Disease | • Moderate/Severe Asthma | • Serious Heart Conditions | • Liver Disease |
| • Diabetes | • Immunocompromised | • Severe Obesity | • Chronic Lung Disease |

Employee Name: _____ Employee Title: _____

Please check ALL of the following acknowledgements. By submitting this request, I understand and agree that:

I must adhere to all provisions outlined in the [Emergency Telecommute Work Requirement](#) document.

I must work with my supervisor to establish assignments that allow me to perform all functions of my position. For Academic Faculty, remote assignments must support appropriate student learning outcomes and objectives.

I will not receive additional compensation for working or teaching online/remotely.

I must be able to conduct all work activities from my remote work location without coming to campus. Exceptions may be made for documented business needs.

This telecommute work agreement may be terminated at any time.

Submission of a telecommute request does not guarantee approval. All attempts will be made to accommodate requests, however approval is at the discretion of my supervisor and dependent on business needs of the work unit and work being assigned.

I hereby attest that I am, or a family member in my immediate household is, identified as a meeting the characteristic of one or more high-risk populations as defined the US Centers for Disease Control. Further, I understand that any false claims made in this regard may result in corrective action, up to and including termination.

Employee Signature: _____ Date: _____

Approvals:

If denying the request, please contact Eric Gilliland in Human Resources, Eric.Gilliland@nsc.edu to discuss the reasons for denial and to explore alternative approaches.

Supervisor Signature: _____ Date: _____

Dean/Director Signature: _____ Date: _____