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| **AGREEMENT** |
| This is an agreement between Southeastern Louisiana University (employer) and       (employee)  and shall cover the period from       through      .  Reason:  This agreement establishes the terms and conditions of telecommuting. This agreement shall become effective as of the date written above and shall remain in effect through the end date noted above unless terminated at an earlier date by the University. This agreement is not a contract of employment and conveys no right of employment beyond those customarily associated with the employee’s position. All travel entitlement will be based on the employee's official duty station, which will be the University campus. |
| **EQUIPMENT/TOOLS** |
| Any University equipment provided to the telecommuting employee should be checked out using the appropriate asset management process. (<https://www.southeastern.edu/leonet/financials/assets/finding_asset_info_81511.pdf>).  List University Equipment and Tag #s   |  |  |  | | --- | --- | --- | |  | Tag # |  | |  | Tag # |  | |  | Tag # |  | |
| **WORKER’S COMPENSATION AND LIABILITY** |
| The employee acknowledges that the University will not be responsible for operating costs, home maintenance, or any other incidental costs (e.g. utilities), associated with the use of the employee's residence. The employee does not give up any reimbursement for authorized expenses incurred while conducting official business for the employer. The University will not be liable for damages to the employee's property resulting from telecommuting, and in signing this agreement, the telecommuting employee agrees to hold the University and State harmless against any and all claims, excluding workers' compensation claims. |
| **WORK HOURS AND LOCATION** |
| Telecommuting Address:  Telecommuting Contact Number:  Normal University Schedule If you are not following the normal University schedule, list adjusted schedule below.  General Work Hours: (Hours) (Location) U=University Office T=Telecommuting   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Monday: |  | Tuesday: |  | Wednesday: |  | | Thursday: |  | Friday: |  | Saturday: |  | | Sunday: |  |  |  |  |  |   It is assumed, unless otherwise indicated here, the telecommuting employee’s assignment is consistent with their assignment at their on-campus location. If the work assignment for telecommuting differs, attach a Telecommuter Work Assignment Plan which includes a description of duties; how work output will be reviewed and monitored; and how supervision will be provided.  I agree to abide by the terms and conditions of this agreement. I have read and agree to comply with the current Telecommuting Policy.   |  |  |  |  | | --- | --- | --- | --- | | Employee: |  | Date: |  | |
| **APPROVAL** |
| |  |  |  |  | | --- | --- | --- | --- | | Supervisor: |  | Date: |  | | Second-Level Supervisor: |  | Date: |  | | Division Head: |  | Date: |  |   Please forward to Human Resources for final processing. |