



Temporary Telecommuting Agreement

EMPLOYEE NAME			Telecommuting Beginning date			Telecommuting End date		
Last	First	MI	Mo.	Day	Year	Mo.	Day	Year
<i>(not more than 6 mos)</i>								

A complete work schedule is required. (Please use an "x" to identify which days the employee will work either at Salve site or at the alternate site.) The employee must be available during the designated work hours.

	Sun	Mon	Tues	Wed	Thur	Fri	Sat
Salve site							
Alternative site							

Employee will work at this location (ie. address, room)	Phone number
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The employee's responsibilities will remain the same as when working at the regular worksite or state the specific duties to be conducted at the alternate site. The following conditions and measured outcomes for telecommuting have been agreed upon by the employee and the supervisor.

Effective communication is essential for this arrangement to be successful. The employee agrees to remain accessible during designated work hours. The following methods and times of communicating are agreed upon:(specify contact methods and frequency)

The employee agrees that the following equipment/supplies will be supplied by the department and employee agrees to return all upon termination of this agreement:

If you have any questions please contact the Office of Human Resources at 401-341-2137 or humanresources@salve.edu

I hereby affirm by my signature that I have read this telecommuting agreement, and understand and agree to all of its provisions.

_____ <i>Employee Signature</i>	_____ <i>Employee Printed Name and Employee ID#</i>	_____ <i>Date</i>
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_____ <i>Supervisor Signature</i>	_____ <i>Supervisor Printed Name</i>	_____ <i>Date</i>
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_____ <i>Dean, VP or Designee Signature</i>	_____ <i>Date</i>
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