

WORK AT HOME APPROVAL FORM
College of Engineering and Applied Science
Agreement between [SUPERVISOR NAME] and [EMPLOYEE NAME]

[EMPLOYEE NAME] may work at home effective [DATE] through [DATE] unless terminated earlier.

Department name: _____

Work unit: _____

University office location: _____

Alternate work location address # 1: _____

Alternate work location address # 2, if applicable: _____

Alternate phone number # 1: _____

Alternate phone number # 2, if applicable: _____

Alternate e-mail address, if applicable: _____

Employee will work away from the office ☐ full-time or ☐ part-time.

Scheduled work hours are as follows:

Day	Times at university office location	Times at alternate office location # 1	Times at alternate office location # 2
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

Identify equipment, software and supplies needed at the alternate location and who is responsible for the cost: _____

Identify any additional costs and who will be responsible for the charges: _____

Additional terms and conditions, if any: _____

Employee understands that some information used in his/her work may be deemed confidential by the University and shall apply all University-required security safeguards and policies at the same level as in the regular office in order to protect such information from unauthorized disclosure, loss or damage.

Employee remains obligated to comply with all federal, state and university laws, rules, policies, instructions. Employee understands and agrees that s/he has no right to continue to work at home, and the University, at its discretion, may alter or terminate the at home work assignment at any time.

[EMPLOYEE NAME] understands and agrees to the conditions in this Work at Home Approval Form and the Procedures.

Employee Signature

Date

Supervisor Signature

Date

Director of Human Resources Signature

Date

C: Official personnel file
Employee
Supervisor