

**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