

WORK-AT-HOME APPROVAL FORM

University of Colorado Office of the President

Agreement between [SUPERVISOR NAME] and [EMPLOYEE NAME]

This arrangement is effective [DATE] through [DATE] unless terminated earlier.

Employee Name: _____

Department name: _____

Work unit: _____

ALTERNATE WORK LOCATION INFORMATION:

University office location: _____

Alternate email address, if applicable: _____

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

	Alternate Location # 1	Alternate Location #2 (if applicable)
Address		
Phone		

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 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 agreement at any time.

[EMPLOYEE NAME] understands and agrees to the conditions in this Work-at-Home Approval Form and the [Work-At-Home Procedures](#).

Employee Signature

Date

Supervisor Signature

Date

Appointing Authority Signature

Date

C: Lisa Landis,
Employee
Supervisor