



### Work-at-Home Arrangement for Non-Faculty Appointments

#### Employee Acknowledgement

I have read the policy and understand, as well as agree to, my responsibilities as outlined on the attached addendum. I have also provided my supervisor with the appropriate information necessary to be able to work-at-home. Should I need to change the predetermined schedule, I will notify my supervisor immediately.

Employee’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Supervisor Acknowledgement

I have read the guidelines and understand, as well as agree to, the supervisor’s duties and responsibilities while the employee indicated above is approved to work-at-home. I have been provided with the necessary information required from the employee and will provide continued review of this arrangement. Discussion with the employee will follow the work-at-home assignment for an evaluation of the arrangement.

I have completed all applicable documentation as indicated below:

- An explanation of how productivity will be monitored
- A brief description of the work to be accomplished at home
- The dates for working at home and the daily work hours
- A telephone number where the employee can be reached during the work schedule
- Complete and file the Request to Use NIU-Owned Equipment Off-Campus Form with Property Control (a copy of the form should be attached).
- I have made the employee aware of and shared the Information Security Policy and any other state or federal laws related to information security (e.g. FERPA, HIPPA, etc.).

Supervisor’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor signature indicates approval to work from home.

Dean/Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Vice President’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Forward this form and all completed documentation to Human Resources

**\*\* No agreements can be made that conflict with law, University Policy or Procedure or that conflict with any Bargained Agreements or other terms of employment.**



# Work-At-Home Agreement

<b>EMPLOYEE NAME (Last, First, M.I.)</b>		<b>DEPARTMENT</b>
<b>WORK SCHEDULE</b>	<b>START DATE</b>	<b>END DATE</b>
	____ / ____ / ____ or indefinite	
<input type="checkbox"/> Work start/end times (please list your start and finish times): Start time ____ a.m./p.m. Finish time ____ a.m./p.m. <input type="checkbox"/> Telecommuting- (please circle which day(s) you will telecommute) M T W T H F <input type="checkbox"/> Other (please describe) _____		
<b>WORK LOCATION</b>	Address _____ City: _____ State: _____ Zip: _____	
<b>METHODS OF COMMUNICATION ON TELECOMMUTING DAYS</b>	<input type="checkbox"/> Phone: _____ Is this a cell phone? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> E-mail address: _____	
<b>EQUIPMENT</b>	<input type="checkbox"/> The employee has followed the Materials Mangement Property Control and will use the equipment outlined on the attached "Request to Use NIU - Owned Equipment Off-Campus" form with Property Control.	
<b>DUTIES TO BE PERFORMED</b>	_____ _____ _____ _____ _____ _____ _____ _____ _____	
<b>METHODS OF EVALUATING PERFORMANCE</b>	Note: The supervisor will monitor for reasonable productivity by having employee submit weekly updates of progress, by establishing deadlines for completion of projects and by comparing results with those of on-site employees with similar responsibilities.	
_____ _____ _____ _____ _____ _____ _____ _____ _____		

Terms and Conditions of this Addendum read, understood and agreed to by:

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor/ Manager

\_\_\_\_\_  
Date

\_\_\_\_\_  
Vice President

\_\_\_\_\_  
Date