

USMO TELEWORK AGREEMENT

Name: _____ Title: _____

Supervisor's Name and Unit: _____

Telework Location (address): _____

For EXEMPT employees: I am requesting consideration of the following Telework schedule, pursuant to the Policy:

Regular (one or more regularly scheduled days each week) **Days:** _____

Ad hoc (on an as-needed basis, with prior approval of the supervisor for each instance)

Episodic (as defined in the Policy and with prior approval of the supervisor for each instance)

For NONEXEMPT (hourly) employees: My work hours on the days that I telework are specified below and I understand that I am not authorized to work additional hours or alternative hours without prior written approval of my supervisor, with a copy to USMO HR:

Day of the week: _____

Work Hours: _____

Day of the week: _____

Work Hours: _____

Day of the week: _____

Work Hours: _____

I have read the USMO Policy on Telework, and understand the Policy is fully incorporated into this Telework Agreement. By signing and dating this USMO Telework Agreement, I agree to abide fully with the terms and conditions contained within, as enforced by my supervisor on behalf of the USMO.

Employee Signature:

Date:

COMMENT SECTION:

Employee Comments:

Supervisor Comments*:

*required if you are denying two days per week of telework or granting more than two days per week of telework

APPROVALS:

SUPERVISOR

Request Approved

Request Denied (if checked, must explain why in the comment section)

Supervisor Signature

Date:

VICE CHANCELLOR

Request Approved

Request Denied (if checked, must explain why in the comment section)

Responsible Vice Chancellor or designee

Date:
