

List the University equipment and software that will be used by the employee in the remote work location which will be returned to the University immediately upon expiration or termination of this agreement.

Describe how communication (i.e. email, voice mail, etc.) will be coordinated.

List the supervisor's performance expectations and measures, how they will be communicated, and when feedback will be given (e.g. volume, quality of work and meet deadlines etc.).

List other relevant conditions, expectations of the agreement, (e.g., trial period date, onsite meeting requirements, etc.

Please sign below as indication of your acceptance of this Telecommuting Agreement:

	_____		_____
	Employee Signature	Approve Deny	Immediate Supervisor Signature
Approve Deny	_____	Approve Deny	_____
	Department Head/Chair Signature		Dean (if applicable) Signature
Approve Deny	_____		
	Vice President/Provost Signature		

Note: Send a copy of approved form to Amy Hall at ahall@twu.edu.