

Texas Woman's University TELECOMMUTING AGREEMENT

Name	Job Title	
 Department	Immediate Supervisor	Proposed Effective Date
In accordance with FLS	A Guidelines, is this position Exempt	or Non-Exempt?
Proposed remote work	clocation (address, city, state and zip coo	de):
Attach a photograph as	nd/or floor plan showing the location of	furniture and equipment
	id/of floor plan showing the location of	ramitale and equipment.
Proposed Telecommut	ing Work Schedule: Primary Work Locati	ion (Campus Office) Hours (e.g. 8:00 AM
	ork Location (Home Office) Hours (e.g. 1	
,	, , , ,	,
	Campus Office Hours	Remote Work Location Hours
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		
Typical assignments to	be completed by employee at the remo	te work location:

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: