

**COLLEGE OF SOUTHERN NEVADA
EMPLOYEE TELECOMMUTING AGREEMENT**

I. EMPLOYEE INFORMATION

Last, First, M.I.

Campus Location

Employee #

Supervisor

Job Title

Department

II. EMPLOYEE & SUPERVISOR AGREEMENT

This document specifies the detail of an employee's telecommuting work arrangement with CSN. When all signatures are present, the employee is authorized to begin the telecommuting procedure as defined in this agreement. This telecommuting agreement may be discontinued by either the employee or the College at any time. Every effort shall be made to provide thirty (30) days notice of a change or discontinuance. There may be instances, however, where shorter notice may be necessary. The employee and supervisor initials and date which follow indicate acceptance of the terms of this arrangement:

_____ Employee _____ Supervisor

III. DESIGNATED WORK HOURS, WORKPLACE & ACCESSIBILITY

Number of telecommuting work days per week: _____ Day(s) of the Week (check all that apply): M T W R F

Will these day(s) be the same each week? Y N (If no, explain): _____

Specify core hours of telecommuting: _____ Total hours per day: _____

Specify physical address of telecommuting location:

Address City State Zip Code

Note: The employee is required to use available personal leave time (i.e., sick leave, annual) for personal business at his/her home and should notify supervisor prior to usage, in accordance with policy and location reporting procedures. The employee will be required to complete and submit a Leave Request prior to the personal leave event.

By initialing below, the employee accepts and understands that during the telecommuting period to:

- a) Immediately notify his/her supervisor of a change in residence
- b) Understand CSN's Workers' Compensation program and reporting procedures.
- c) Know that non-work activities, including basic home tasks such as cleaning, laundry, lawn work, etc. are prohibited.
- d) Not conduct meetings or have business related visitors, unless pre-approved by supervisor. Meetings should take place at CSN locations.
- e) Understand that child and/or family care is prohibited.

_____ Employee Initials

IV. JOB DESCRIPTION, DUTIES & RESPONSIBILITIES:

The position description outlines the job duties and responsibilities for the employee at the telecommuting location and at CSN primary employment location. Attach the official position description and clearly delineate where each job duty will be performed and the percentage of the time it will be performed.

V. EQUIPMENT & TECHNICAL SUPPORT:

If CSN-owned equipment is being used by the telecommuter at the remote location, the employee must submit a signed copy outlining all equipment taken. The employee agrees to follow CSN procedure regarding the use of equipment.

Employee: _____

If CSN-owned equipment, hardware, and/or software is not being used, the employee (telecommuter) agrees to discharge CSN and its employees, vendors and contractor's from any liability regarding non-CSN owned software, hardware and equipment.

The telecommuter agrees to access CSN technical support through previously arranged instructions by contacting CSN OTS.

VI. COMMUNICATION & ACCESSIBILITY:

Home Phone Number: _____ Cell Phone Number: _____

Employee and supervisor authorize the following people to have this phone number and authorize telephone calls to employee for business purposes only on days of telecommuting as defined in this agreement.

Employees CSN telephone extension will be forwarded to: Home Number: _YN Cell Number: _YN

If not forwarded, calls will be handled by (specify name and CSN phone extension): _____

Employee will telephone no later than _____(am / pm) on telecommuting days to Supervisor _

Other designated procedures/emergency contacts:

VII. CONFIDENTIALITY OF DATA AND RECORDS MANAGEMENT

The employee agrees to maintain the highest standards of safeguarding CSN information and material in the telecommuting location. Additionally, the employee agrees to the following measures to ensure the confidentiality of data, preservation and retention of records and to maintain the integrity of the telecommuting program:

VIII. ACCEPTANCE & APPROVAL OF PROCEDURE

I have read and understand this Agreement. I agree to abide by and operate in accordance with the terms and conditions outlined in this document and the approved CSN Telecommuting Policy. I agree that the sole purpose of this agreement is to regulate telecommuting and it neither constitutes an employment contract nor an amendment to any existing contract. This telecommuting agreement may be discontinued by either the employee or CSN. Every effort shall be made to provide thirty (30) days notice of the change or discontinuance. There may be instances, however, where shorter notice may be necessary.

By signing below, the employee agrees that s/he has received, read, understands, and will abide by this Telecommuting Agreement, that s/he understands the policies and procedures of the Telecommuting Program, including the specific provisions listed above.

I _____ understand and agree to the terms and conditions of this Program and authorization. I

_____ Employee Name

also understand that any changes in the work arrangement must be in writing and must be approved by supervisor in collaboration with Human Resources and affected Executive Council member.

Employee Signature Date

Human Resources Signature Date

Supervisor Signature Date

Executive Council Member Signature Date