

**SDSU RESEARCH FOUNDATION
TEMPORARY TELEWORK APPLICATION & AGREEMENT**

Purpose: This is a temporary short-term discretionary program and must be discussed and considered on a case-by-case basis with department management, the individual employee, and Human Resources. This agreement may be discontinued at any time upon notice by the SDSU Research Foundation.

Employee Information

Name: _____ Red ID: _____

Position: _____ Department: _____

Office phone: _____ Email: _____

Supervisor: _____ Phone: _____

Proposed telework location: Home Other (describe) _____

Telework address: _____

Telework phone: _____ Telework e-mail: _____

Employees besides supervisor & other management authorized to have your telework phone number (list):

Temporary Telework Schedule

Telework Start Date: _____ Expected End Date: _____

Daily schedule: _____ to: _____

Accessibility information

Best way to contact you when you telework? *(Check all that apply)*

Telework Phone

Telework E-mail

Other (describe): _____

Communications & Equipment

Business telephone calls made from the home will be paid for as an employee reimbursement

The following equipment will be used by the employee in the home/remote work location:

Item: _____ Owner: _____

Item: _____ Owner: _____

Item: _____ Owner: _____

Item: _____ Owner: _____

AGREEMENT

I have read and understand the Telework Guidelines and agree to the duties, obligations, responsibilities and conditions for teleworkers described in the guidelines.

I agree to the following all procedures for reporting job related injuries. Reporting work related injury procedures can found on the SDSU Research Foundation website

https://www.foundation.sdsu.edu/workers_comp_index.html

Employee Signature Date

I authorize Temporary Telework, and will separately authorize any extension or subsequent Temporary Telework application.

I hereby verify that I _____ (Supervisor Name) have reviewed and do understand the Agreement and that _____ (Employee Name) meets the criteria detailed here in.

Supervisor Signature Date

Original to Human Resources. Copies to be retained by employee & supervisor

Temporary Telecommuting Supervisor Checklist

Please review the duties of the position and affirm the following:

- Key activities can be fully and satisfactorily performed remotely.
- The appropriate level of supervision is possible under this arrangement.
- Security and privacy concerns have been adequately addressed.
- There is a satisfactory plan to meet the required hours of work and performance requirements.
- The employee is able to document hours of work?
- The supervisor and employee can communicate effectively using telecommunications and electronic systems.
- The arrangement adequately sustains productivity and work quality.
- The quality of service to internal and external customers will be sustained.

As the Supervisor, I, _____, hereby affirm that I will:

- Maintain regular communication and ensure the accountability of team members.
- Monitor service continuity and performance outcomes.
- Monitor the hours of work for all non-exempt employees and ensure the proper reporting of time.

Supervisor Signature

Date