



**KENTUCKY STATE
UNIVERSITY**

TEMPORARY TELECOMMUTING AGREEMENT

This is an agreement between _____ (Employee) and _____ (Department) to establish the parameters of a telecommuting agreement.

1. Telecommuting is established on the following basis:

Temporary

The established telecommuting days are:

Monday Tuesday Wednesday Thursday Friday

The established telecommuting hours are:

M: _____ T: _____ W: _____ Th: _____ F: _____

2. This telecommuting arrangement will begin on: _____ and continue until: _____, or until ended by written notice by either the employee or the department.

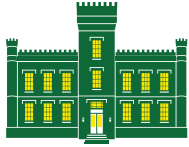
3. The alternative work site address is: _____

4. The department will furnish the following equipment / supplies, and they will be returned to the department within _____ business days of the conclusion of this agreement:

5. The duties and assignments that are authorized to be performed at the alternate worksite are (please complete and attach a separate sheet if not enough space to describe):

6. The following methods and frequency of communication are agreed to:

7. Other relevant details not covered specifically in this agreement:



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This is not a contract of employment between Kentucky State University (University) and the employee and this does not provide any express or inherent rights to continued employment. This agreement does not alter or supersede the terms of the existing employment relationship.

Employees who are approved for telecommuting shall sign and abide by the Temporary Telecommuting Agreement as well as all other University policies. The agreement may require modification(s) to fit individual telecommuting site circumstances. A copy of the agreement shall be retained in the employee's personnel file.

I understand that telecommuting is a privilege that requires the approval of my department supervisor, which may be withdrawn or modified at such time as the department supervisor deems appropriate, and that any modifications to this arrangement must.

I have read and understand the telecommuting policy and I agree to the duties, obligations, responsibilities and conditions described in the policy.

FOR THE UNIVERSITY:

Employee Signature

Supervisor Signature

Date

Date

3/17/2020