

Work-at-Home Agreement for Non-Faculty Appointments

I have read the guidelines and understand my responsibilities as outlined on the attached addendum. I have also provided my supervisor with the appropriate information necessary for the work-at-home situation. Should I need to change the predetermined schedule, I will notify my supervisor immediately.

Employee’s Signature: _____ Date: _____

I have read the guidelines and understand the supervisor’s duties and responsibilities during the work-at-home situation. I have been provided with the necessary information required from the employee and will provide continued review of this arrangement. Discussion with the employee will follow the work-at-home assignment for an evaluation of the arrangement.

I have completed all applicable documentation as indicated below:

- An explanation of how productivity will be monitored
- A brief description of the work to be accomplished at home
- The dates for working at home and the daily work hours
- A telephone number where the employee can be reached during the work schedule
- A record of University equipment to be used at home

Supervisor’s Signature: _____ Date: _____

Work-at-Home Situation:

- Approved
- Not Approved

Vice President’s Signature: _____ Date: _____

Forward this form and all completed documentation to 1300 Human Resources

Sample Documentation:

(Employee) will work at home from April 1, 1999, through June 2, 1999. The daily work schedule will be 9:00 a.m. to 12:30 p.m. and 1:00 p.m. to 5:00 p.m. (Employee) can be reached at (phone number) during these hours Monday through Friday.

(Employee) will use a lap top computer provided by the department (ISU inventory #153880).

Duties to be performed are:

