K-State Student Union Telecommuting Agreement

Employee Name:			Date:				
Positio	on Title:		Supervisor Name:				
Agreei	ment Start Date:	Er	nd Date:	Renewal Da	ate (if applicable):		
	llowing conditions tive Director:	s are mutually a	agreed upon by	the employee, de	epartment head, and		
	Telework location of employee (Physical address): Designated remote work location at above address (e.g. home office, kitchen, living room, etc.):						
3.	Telecommuting t						
4.							
	Day/s:						
	Mon	Tues	Wed	Thu	Fri		
	Start time:		End time:				
	Total telecommuting time per week:						
5.	Employee is expected to report to the Union building for the following meetings/events (not all inclusive):						
6.	Equipment: No Union equipment will be used at the remote work location.						
	The following Union equipment will be used:						
	Equipment list:						
7.	Data security will be maintained as follows:						
8.	Reimbursement of the following expenses is allowed (Furniture and home expenses are not reimbursable): Supply list:						
	Travel:						

9.	Communication between the employee and the Union (e.g. be handled as follows:	e-mail, voicemail, etc.) will				
	Employee contact email address: Employee contact phone number: Other:					
10.	The Union is not liable for nonbusiness people at the te business meetings at the employee's telework location are s					
11.	Additional information (optional): Duties: Responsibilities:					
12.	The duties, obligations, responsibilities and conditions of en not change, except the Union may require additional duti periodic written reports to the supervisor regarding work remain obligated to comply with all Union rules, polici including safeguarding confidential information. The en remain unchanged.	es of the employee, including progress. The employee will es, practices, and procedures,				
I have read and understand both the Union's Telecommuting Policy and this agreement with the understanding it is not a replacement for dependent care, convalescing, or for caring of an ill family member. I agree to abide by and operate in accordance with the terms and conditions outlined in both documents with the understanding that these are not an amendment to any existing contract. This agreement may be terminated at any time with advance notice by either me or the Union.						
Emplo	yee Signature:	Date:				
Depart	ment Head Signature:	Date:				
Execut	ive Director Signature:	Date:				
Orioina	l to Union human resources department					

Original to Union human resources department Copy: Employee, Supervisor