Florida State College at Jacksonville REQUEST FOR TELECOMMUTING ASSIGNMENT

EMPLOYEE NAME:	PID:
DEPARTMENT:	JOB TITLE:
WORK TELEPHONE:	EMAIL:
ASSIGNMENT DATES (MAY NOT	EXCEED 12 MONTHS):
BEGIN:	to
REMOTE WORK LOCATION ADD	RESS:
REMOTE WORK LOCATION TELE	PHONE:
EXPLAIN REASON FOR TELECOM	MUTING REQUEST:
TECOMMUNTING WORK SCHED	BEGIN:to MOTE WORK LOCATION ADDRESS: MOTE WORK LOCATION TELEPHONE: PLAIN REASON FOR TELECOMMUTING REQUEST: COMMUNTING WORK SCHEDULE: (ex: Monday-Friday, 7:30 a.m5 p.m.) SCRIBE JOB DUTIES AND HOW THEY WILL BE ACCOMPLISHED:
(ADDITIONAL PAGES MAY BE AT	TACHED)
SCHEDULE OF DELIVERABLES: (e	x: will provide completed task(s) weekly for review to supervisor)
(ADDITIONAL PAGES MAY BE AT	TACHED)

BY MY SIGNATURE AND SUBMISSION OF THIS REQUEST, I UNDERSTAND AND AGREE TO THE FOLLOWING:

I have read and understand the College's APM 03-0802 regarding telecommuting and agree to those duties, obligations, responsibilities and conditions as described.

I understand and agree that I may be asked to come onsite at the request of my supervisor for meetings, projects or other job-related activities.

I understand that I must abide by the College's policies and procedures, including those pertaining to leave, attendance and outside employment.

I agree that the telecommuting assignment <u>will not</u> be a substitution for in-home child or dependent care. I understand and agree that if a child or dependent is present during scheduled work hours, I will make arrangements for the care of the child or dependent during scheduled work hours. I understand that I may be asked to provide a copy of the specific arrangements with this agreement.

I understand that this is a mutual agreement made with my department and the College. I understand and agree that the College is not obligated to approve or provide this arrangement and may at any time change any or all of the conditions under which I am permitted to telecommute or withdraw permission to telecommute.

I understand a copy of this agreement, if approved, will be placed in my personnel file.

Employee Name (PRINT)	Employee Signature	Date
Supervisor Name (PRINT)	Supervisor Signature	/
SUPERVISOR APPROVALApproved	Not Approved	Date
Campus President/Vice President Name (PRINT) CAMPUS PRESIDENT/VICE PRESIDENT A _l	Campus President/VP Sig	
		/
Chief Human Resource Officer Name (PRINT)	CHRO Signature	/