

Telecommuting Agreement

Personal Information				
USC ID:	Name (Last, First, Middle):	Class/Slot:		
Job Title:		Supervisor:		
Campus:	Division:	Department:		
Campus Address:		City:	State:	Zip Code:
Offsite Workplace Address:		City:	State:	Zip Code:
Is the offsite workplace the employee's residence? Yes: No:		Offsite Workplace Phone Number:		
Primary Work Location: Campus Address		Offsite Workplace Address (Only as Condition of Employment)		
Is telecommuting a condition of employment? Yes: No:		If yes, skip the next field (Duration).		
Duration of Telecommuting Period: Beginning:		Through:		
<i>If University property is loaned or services are provided as part of the Telecommuting Agreement, you must complete the section below.</i>				
Quantity	Equipment Description, Model and Serial Number	Value		
List Any Personal Equipment Used:				
Services Provided by the University (i.e. Internet, Cellular, Paging, Phone Cards, etc.):				Cost
Other Terms and Conditions of the Telecommuting Agreement (If Any):				
Offsite Work Location and Schedule				
Please indicate the work location and work schedule below (i.e. USC Tues-Thurs 8:30-5; Home Mon & Fri 8:30-5). Use additional page if necessary.				
Meetings/Calls with Supervisor: Daily: Weekly: Bi-Weekly: Monthly:				
Disclaimer				
This Telecommuting Agreement does not constitute a contract of employment and should not be interpreted as creating a contract of employment, either expressed or implied. This agreement may be terminated by the University. If the agreement is terminated, a reasonable amount of time will be provided by/for the employee to transition back to the worksite and/or schedule. Once the agreement is signed it may not be terminated by the employee without consent of the University.				
Employee Agreement				
I have read and understand the contents of this Telecommuting Agreement and the university's telecommuting policy . I agree to abide by all of the requirements of the policy and of this agreement.				
Employee Signature:				Date:
Department Authorization				
The above-named employee has met all of the terms and conditions of the university's telecommuting policy , and approval is granted for the employee to participate in accordance with the agreement set forth above.				
Supervisor Signature:				Date:
Department Chair Signature:				Date:
Dean/Director Signature:				Date: