



TELECOMMUTING AGREEMENT

Date:

Department:

Employee:

Supervisor:

Telecommuting schedule:

List day(s) of week, frequency (weekly, biweekly, monthly) and work hours of each day

Length of telecommuting assignment:

Telecommuting tasks/scope of work:

Performance expectations and measurement:

College supplied equipment and software (if any)

Identification of confidential information that may be accessed and method of handling, transporting and/or storing that information:

Approved expenses (if any) and process for claiming and approval:

Highline Community College's Telecommuting Policy in its entirety (copy attached) applies to the telecommuting approved by this Agreement.

Employee

Supervisor

Executive Staff