



Telecommuting Request Form/Agreement

PLEASE READ THIS STATEMENT BEFORE YOU BEGIN THIS REQUEST: By submitting this request, the employee is attesting they have read the APU Interim Telecommuting Policy, and agrees to abide by its terms, with the understanding APU may amend the policy from time to time. The employee is also agreeing to carefully follow the Policy requirements with particular care to the equipment, security and privacy requirements.

Employee Information

Name: _____

Department: _____ Phone Number: _____

Justification for telecommuting (include why position is a good fit for telecommuting if related to a medical condition do not list those conditions but provide a healthcare providers note recommending this option to HR)

Physical Address of proposed Alternative Work Location:

Street City State Zip Code
This location is: my home/place of residence Other: _____

How often will you work from the alternative work location?

- Percentage of work time: _____ Schedule: _____
 For the following date range: _____

Do you access student PII as part of your job?

Yes No

Do you speak with students or employees as part of your job?

Yes No

APU devices that will be in use at the alternative work location

Equipment	Asset Tag Number
_____	_____
_____	_____
_____	_____

Any other APU property in use: _____

Employee Signature: _____ **Date:** _____

Supervisor Approval

By approving this request, the supervisor attesting they have read the APU Interim Telecommuting Policy and allowing the employee to work from an alternative work location is in APU's best interest. If the supervisor determines at any point the employee is not abiding by the Interim Telecommuting Policy or any other APU policy and procedure or is not meeting performance expectations, then the supervisor must immediately notify their supervisor and HR to allow for re-evaluation of this agreement.

Plan for Supervision (brief plan for managing interfaces, performance, and delivery while employee works from home)

Approval Signatures

_____ Dept. Manager (Print)	_____ Signature	_____ Date
_____ Kathleen Wyrick Human Resources	_____ Signature	_____ Date
_____ Provost or President	_____ Signature	_____ Date

CC: Personnel File, Payroll Supervisor, Compliance & Risk