



In compliance with the Brandeis Staff Telecommuting and Alternative Work Policy, this form must be utilized to document a telecommuting arrangement. The employee needs to complete the Telecommuting Request Form and get approval before completing this form.

Staff name: \_\_\_\_\_

Position title: \_\_\_\_\_

Program/Business Unit: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Current Status: \_\_\_\_\_ FTE: \_\_\_\_\_ Remote Location (city/town): \_\_\_\_\_

Remote Location (state): \_\_\_\_\_ If other than home, describe: \_\_\_\_\_

Please describe the reason  
for the requested  
telecommuting  
arrangement and any  
anticipated impacts to  
external or internal  
stakeholders:

Best method of contact during working hours (email/phone): \_\_\_\_\_

Telecommuting Schedule (indicate remote days): \_\_\_\_\_ Total number of days per week working remote: \_\_\_\_\_

Monday

Tuesday

Wednesday

Thursday

Friday

I will ensure required virus/malware detection application is in place and functioning. I understand I am responsible for any costs other than what would normally be provided by Brandeis for on-site employment or specifically provided for this arrangement.

I understand that Telecommuting arrangements are subject to ongoing review and may be subject to revision or termination at any time based on business needs or performance concerns.

I also understand that telecommuting is not a substitute for child or elder care and certify that I have made arrangements, if necessary, for child or elder care, during times that I will be telecommuting.

I further agree to allow Brandeis University to implement appropriate processes as needed to monitor and/or ensure the arrangement meets appropriate standards of productivity and service.

I have reviewed the Brandeis ITS telecommuting security checklist.

Period of agreement (not to exceed 1 year): \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Approver name: \_\_\_\_\_

Approval Signature: \_\_\_\_\_

Date: \_\_\_\_\_