



Staff Telecommuting Agreement Form

Full-time or part-time staff who would like to request a long-term, formal telecommuting arrangement must submit this completed form to their manager and supervising Dean/Vice President. Manager shall submit a copy of the signed and completed agreement to humanresources@usfca.edu. HARD COPIES ARE NOT ACCEPTED. For more information, please refer to the [Staff Telecommuting Policy](#).

Staff Member's Information

Name: _____ Title: _____

Department: _____ Manager: _____

Alternate Phone &
Method of Contact: _____

Alternate Work
Location: _____

NO YES* Will you be working outside of California?
**If yes, refer to the 3rd telecommuter responsibility in the [Staff Telecommuting Policy](#)*

Telecommuting Information

Remote Days: _____ Remote Hours: _____

Equipment: _____ Start Date: _____

Comments

By signing below, I hereby certify that I have read and understand USF's Staff Telecommuting Policy and agree to the aforementioned Telecommuting Agreement.

Staff Member (Print and Signature) Date

Manager (Print and Signature) Date

Supervising Dean/Vice President (Print and Signature) Date