## Brazosport College COVID-19 Telecommuting Form

•	5n	ort-term	1 Work Arrangement – Related to COVID-19			
	1.	This is establis	an agreement between( sh the terms and conditions for performing work	"the department") andat an alternate work site.	("Employee") to	
	<ol><li>This agreement will begin on and anticipated to continue the apply:</li></ol>			greement will begin on and anticipate	ated to continue through	The following conditions
		a.	Employee's telecommuting schedule is	<del>-</del>		
		b.	Employee's regular telecommuting site location	n is		
		C.	Employee's contact phone number is	·		
	3.	3. While telecommuting, Employee will:				
		a.	remain accessible by phone or electronically of	one or electronically during the telecommute work schedule;		
		b.	be responsible for establishing effective commutation with the supervisor to discuss status and open		I customers and to check in	
		C.	be available for teleconferences, scheduled or	n an as-needed basis;		
		d.	request supervisor approval in advance of wor	rking any overtime hours (if emplo	yee is non-exempt); and	
	e.		provide a daily report on the work performed a	and the time spent.		
	Sat	fety & Equipment; Information Security				
	1.	<ol> <li>Employee agrees to maintain an adequate, safe, and secure work environment and to report work-relate Employee's supervisor at the earliest reasonable opportunity. Employee agrees to hold the College har injury to others at the alternate work site.</li> </ol>				
	2. Regarding space and equipment purchase, set-			d maintenance for telecommuting	purposes:	
	the telecommute location, and shall		the telecommute location, and shall not be	space, telephone, printing, networking and/or Internet capabilities at not be reimbursed by the employer for these or related expenses. e Modem, or an equivalent bandwidth network.		
		b.	Employee agrees to protect College-owned accidental access, use, modification, destructi		als from unauthorized or	
	<ul> <li>Employee understands that all equipment, records, and the property of the College.</li> </ul>			cords, and materials provided by	the College shall remain	
		d.	No FERPA information, Protected Health Infor on personal electronic equipment.	mation or otherwise confidential in	nformation should be kept	
			requirements. ffirm by my signature that I have read this Te	.,, .	·	
	Em	ıployee's	s Name and PS ID	Date		
	<u></u>	nervisor'	's Name	Date		

Maintain a form within your department files.