



Telecommuting Request Form

Employee Name: _____ Date: _____

Job Title: _____ Department: _____

Address of designated remote worksite: _____

FLSA Status: Exempt Non-Exempt

I understand that telecommuting is voluntary and I may stop telecommuting at any time. I also understand that the Institute reserves the right in its sole discretion to approve, change or terminate my telecommuting arrangement at any time, without cause or advance notice. Continuation of a telecommuting arrangement beyond the approved end date is neither automatic nor guaranteed and requires the approval of my immediate supervisor and cabinet level supervisor.

Description of Telecommuting Arrangement: _____

Is this arrangement temporary or seasonal? Please explain: _____

I request that the above telecommute schedule become effective (must be the beginning of a pay period) on: _____ and end on _____ (must be at the end of a pay period.) Please identify the hours you will be working while telecommuting and submit this request to your supervisor for review and approval. Once a telecommute schedule has been approved and established, you need only complete this form when you desire to request a change. You must request changes at least two weeks in advance of the effective date.

| DAY OF WEEK | MORNING | | LUNCH | AFTERNOON | | TOTAL DAILY HOURS |
|------------------|---------|-----|-------|-----------|-----|-------------------|
| | START | END | | START | END | |
| Sunday | | | | | | |
| Monday | | | | | | |
| Tuesday | | | | | | |
| Wednesday | | | | | | |
| Thursday | | | | | | |
| Friday | | | | | | |
| Saturday | | | | | | |



**As a non-exempt employee I understand I must accurately report on my time card the time I start and stop working each workday, including when I stop work to take a minimum 30-minute unpaid meal break and when I return from my meal break (employees scheduled to work 5 or more hours must take an unpaid meal break of at least 30 minutes and no more than 60 minutes). I understand that I am accountable for complying with policies, practices, and procedures outlined in the Staff Handbook.

I understand that my request to telecommute is subject to the following **General Conditions**:

1. **Work Schedule** - Unless otherwise agreed in the telecommuting arrangement above, my regular hours and days of work will not change. Should I need to modify the agreed-upon schedule, I will notify my supervisor in advance of the change. I agree to apply myself during work hours. I understand that authorized campus closures or early release programs and their terms will apply to eligible employees who telecommute.
2. **Work Hours** – I understand, unless otherwise authorized, I agree to devote my full time, attention, and effort to the duties and responsibilities of my position during scheduled work hours. I understand it is my responsibility to be accessible via telephone and/or email during scheduled work hours.
3. **Out of State Work Sites:** When requesting to work out of state (Beyond paid time off), an employee must submit their request to their immediate supervisor and Human Resources 30 days prior to beginning work out of state. They must receive approval from their immediate supervisor and cabinet-level supervisor before making a change to their primary worksite location. An employee will be provided with a 10 day notice, as practicable, when requested to return to their primary work site location (KGI Campus). Telecommuting Agreements may be discontinued, without cause, at any time, at the request of either the employee or the Institute.
4. **Out of State Payroll Taxes:** It is the responsibility of the employee to determine any income tax implications of maintaining a home office area that is out of state. KGI will not provide tax guidance nor will KGI assume any additional tax liabilities.
5. **Out of State Travel:** Employees will not be paid for travel expenses, time, or any mileage involved in travel required to come to their primary worksite (KGI Campus).
6. **Dependent Care** - I understand that telecommuting is not intended as a substitute for child care or care for another adult. If a child or adult needs care during work time, another responsible individual is expected to be present. If dependent care circumstances change, I agree to notify my supervisor.
4. **Attendance at Meetings** - I am expected to attend all required meetings (in-person or web-based). My supervisor may require me to report for work-related events on or off-campus, or to meet with them in the alternate location, if needed.
5. **Performance Expectations** - Performance expectations and evaluations will not change as a result of a telecommuting arrangement. My supervisor will evaluate job performance in accordance with Institute guidelines and procedures.
6. **Salary and Benefits** - My salary and benefits will not be affected by telecommuting.
7. **Confidentiality/Security of Information** - I will follow Institute approved data security procedures while telecommuting and will comply with privacy requirements. Any work-related materials taken to the alternate work location must be appropriately protected in compliance with the same security provisions which apply at the Institute location. I agree to return Institute equipment, records and materials upon termination of this the telecommute arrangement.



- 8. **Use of Personal Vehicle** - While telecommuting, I may not use my personal vehicle for Institute business unless specifically authorized by a supervisor and on the approved authorized driver’s list for the institution.
- 9. **Institute Policies, Practices and Procedures** - I am responsible for complying with Institute policies, practices and policies while telecommuting.
- 10. **Use of Leave** - I am responsible for reporting absences and submitting requests for leave in accordance with department procedures and Institute policy. I understand that telecommuting is not to be used in place of using vacation, personal holiday or sick leave. However, in consultation with Human Resources, a supervisor may choose to offer telecommuting arrangements as an opportunity to accommodate an employee's partial or full return to work due to a medical leave or based on Institute policy. **For additional information pertaining to Emergency Paid Sick Leave (EPSL) or Emergency FMLA (EFMLA) pursuant to the Families First Coronavirus Response Act (FFCRA), please contact Human Resources.**
- 11. **Health and Safety** – I am responsible in maintaining my work space in a reasonably safe and secure condition. If I sustain a work-related injury, Workers’ compensation laws and rules apply. I am responsible for following the established procedures to report such an injury and complete/process required forms.

Employee’s Acknowledgement: I acknowledge that I have read the contents of this Telecommuting Request Form. I understand that Keck Graduate Institute can cancel this arrangement at any time, for any reason or for no reason. I understand that I am responsible for complying with the arrangements outlined in this form and agree to the terms.

Employee Name: _____

Employee Signature: _____

Supervisor Signature: _____

Cabinet Member Signature: _____