

Short-Term/Temporary Telework Policy Agreement Form

Employee Information

Name:	Hire date:
Job title:	
Department:	
FLSA status: Exempt No.	nexempt
Requested begin and end date of telewo	ork request:*
Start date:	End date:
determined by business/operations need	s to return to regular, in-office work at any time as d. If request is based on ADA accommodation request, and submitting documentation in compliance with olicy.
(employee must initial) I agree and understand expectation a I have read and understand the COV effective January 4, 2021.	as noted above. ID-19 Short-Term/Temporary Telework Policy

The employee agrees to the following conditions:

Employee will remain accessible and productive during scheduled work hours.

Nonexempt employees will record all hours worked and meal periods taken in accordance with regular timekeeping practices.

Nonexempt employees will obtain supervisor approval prior to working unscheduled overtime hours.

Employee will report to the employer's work location as necessary upon directive from his or her supervisor.

Employee will communicate regularly with his or her supervisor and co-workers.

Employee will submit a weekly activity/log report to supervisor weekly.

Employee will comply with all Central Alabama Community College (College) and Alabama Community College System policies, practices and instructions that would apply if the employee were working at the employer's work location.

Employee will maintain satisfactory performance standards.

Employee will make arrangements for regular dependent care and understands that telecommuting is not a substitute for dependent care. Pandemic related circumstances, exceptions may be made for employees with caregiving responsibilities.

Employee will maintain a safe and secure work environment at all times.



Human Resources:

PRESIDENT:

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Form to be returned to Human Resources Office

_____ Date: _____

_____ Date: _____