Temporary Telework/Alternative Schedule Application - COVID-19			
Employee Name			
Department/Office			
Position Title			
Are you aware if your Vice President/Vice Provost has deemed this position and team as eligible for this request? What type of Alternative Schedule and/or telework schedule are you requesting?			
What is the location that you will be working from and do you already have the necessary equipment?			
(Employees will ensure that their home workspace is appropriate, professional and conducive for the work they are performing)			
What is the Telephone # that you will answer immediately for work purposes? (not voicemail)			
What responsibilities/tasks cannot be fulfilled while working remotely?			
If applicable, how will those tasks be completed?			
How will you make yourself available to the entire St. Mary's Community?			
Will you be working with any SSID or PII?			
What security practices do you have in place that meet or exceed the university's data policy?			
If your original request is not approved, what would be an alternative request?			
Supervisor How will you measure productivity and assess that work is being accomplished? (e.g. regular call schedule)			
Are you aware if your Vice President/Vice Provost has deemed this position and team as eligible for this request?			
Does the requestor already have the equipment necessary to fulfill this request?			
What happens if productivity is reduced or deteriorates?			
Employee Printed Name	Employee Signature and Date		
Supervisor Printed Name	Supervisor Signature and Date		
Vice President Printed Name	Vice President Signature and Date		
TEMPORARY TELEWORK / ALTERNATIVE SCHEDULE AGREEMENT - COVID-19 - Expires 03 April 2020			

Please Initial	Employee Name	Dept/Office	E#	
The employee understands that this is a temporary telework / alternative scheduling agreement that will end on Friday, April 3, 2020 and you must return to work on campus Monday, April 6, 2020 unless otherwise notified.				
The employee understands that this agreement is solely for the response to COVID-19.				
The employee understands that this temporary telework / alternative scheduling agreement does not constitute a guarantee of any future temporary telework / alternative scheduling agreement				
The employee understands that the University reserves the right to revoke this temporary telework / alternative scheduling agreement at any time.				
The employee agrees to the normal reporting obligation during times they are off-site, normal call in sick procedures, utilizing leave for all personal obligations and or days that they are not producing work. (Monthly Leave Reconciliation is mandatory)				
The employee understands that they must be reachable by telephone, text, e-mail, and instant message through the full extent of the work day like they would be on university property. The employee further understands that utilizing only voice messaging is not an acceptable solution.				
The employee agrees to check in with their supervisor at regular intervals and as requested.				
The employee agrees that they must keep their supervisor updated in any changes to their work schedule or location during the established work times.				
The employee understands that they must have all the necessary items and or equipment already to be productive and prior to the approval date.				
The employee agrees to comply with all university polices, regulations, and practices. The employee agrees to follow StMU Data polices and security practices as detailed by the Office of Information Services.				
The employee agrees that it is their responsibility to monitor connectivity and report issues to supervisor. If issue is on the employee's side then "on campus" work may become necessary.				
The employee understands that employee indemnifies and save harmless the University, its officers, employees, agents from any and all claims resulting from working from home or alternative schedules.				
The employee agrees and understands that this agreement does not permanently modify the current job description or hours worked or will expect to continue after this program concludes.				
The employee understands that if they fail to meet the expectations and or production requirements, they will be recalled back to campus immediately and/or the employee will have to utilize leave.				
Employee Signature		Date		
Supervisor Signature		Date		
VP Signature		Date		