

CALIFORNIA STATE UNIVERSITY SAN MARCOS

Telecommuting Agreement

Telecommuter Information

Employee Name Employee ID CSUSM Work Email Phone

Classification Department

Telecommuting Site Address

Telecommuting Start Date End Date (if applicable)

Telecommuter Work Schedule

Mark the days that you are scheduled to work at the Telecommuting Site (TS) and the days you are scheduled to work on campus (OC). If your telecommuting work hours are different from your normal work hours, list them below. Work hours will be in accordance with Collective Bargaining provision(s).

Weekly Work Schedule Hours and Location

| | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|----------|--------|--------|---------|-----------|----------|--------|----------|
| Location | | | | | | | |
| Start | | | | | | | |
| End | | | | | | | |

By signing this Agreement, the employee acknowledges that they have received, read, and understood the [CSUSM Telecommuting Policy](#). Furthermore, the employee agrees to abide by the Telecommuting Policy and this agreement.

Employee Name Signature Date

Appropriate Administrator Name Signature Date Decision

APC & CSUEU: Must have a position description on file. [Telecommuting Work Expectations](#) must be attached to this document.