



# WALLA WALLA COMMUNITY COLLEGE REMOTE WORK AGREEMENT (FORM 5500F1)

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Department: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

## REMOTE WORK SCHEDULE:

LOCATION		HOURS	
Day of Week	Indicate: Home, College, Other	Start Time	End Time
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			
SUNDAY			

## REMOTE WORK SCHEDULE EFFECTIVE DATES (NOT TO EXCEED 1 YEAR):

Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Description of work to be performed at telework site:

---

---

---

---

---

---

---

---

**EMPLOYEE SECTION:**

I, \_\_\_\_\_:  
(Name)

1. Have read the WWCC Remote Work Policy and agree to abide by its provisions.
2. Will keep my supervisor informed of progress on assignments and any problems which may be experienced while working remotely.
3. Will be available to my supervisor, co-workers, students, and the public during remote work hours via phone, phone messaging and/or e-mail throughout the day.
4. Will post my remote work days and hours on my Outlook calendar and update my phone message at work.
5. Will promptly notify my supervisor of any emergency or other issue that causes me to be unavailable on the remote work day(s).
6. Will maintain safe working conditions and practice appropriate safety habits at the alternative worksite. Immediately notify my supervisor and HR of any injury incurred while working.
7. Understand that this Remote Work Agreement may be terminated at any time by myself or the College.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\*\*\*\*\*

**SUPERVISOR SECTION:**

\_\_\_\_\_ is authorized to begin a mutually beneficial program of  
(Employee)

remote work beginning \_\_\_\_\_.  
(Date)

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Vice President's Signature

\_\_\_\_\_  
Date

\*\*\*\*\*

**HUMAN RESOURCES SECTION:**

Approve                       Deny

\_\_\_\_\_  
Human Resources Signature

\_\_\_\_\_  
Date