



WALLA WALLA COMMUNITY COLLEGE REMOTE WORK AGREEMENT

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

Vice President of Human Resources Signature

Date