

TEMPORARY TELEWORK AGREEMENT

CONCORDIA UNIVERSITY CHICAGO | DEPARTMENT OF HUMAN RESOURCES



Purpose: This is a short-term discretionary program and must be discussed and considered on a case-by-case basis with the unit supervisor and individual employee. See Temporary Telework Policy.

EMPLOYEE INFORMATION

Name: _____ H#: _____

Department: _____ Supervisor: _____

Supervisor's Phone: _____ Office Email: _____

Proposed telework location: Home Other (describe): _____

Telework address: _____

Telework phone: _____ Telework Email: _____

Personnel besides supervisor & other management authorized to have your telework phone number (list):

TEMPORARY TELEWORK SCHEDULE

Telework Start Date: ____ / ____ / 2020 Expected End Date: ____ / ____ / 2020 Daily scheduled hours per day: _____

Core hours you can be reached: a.m./ p.m. **TO** a.m./ p.m.

ACCESSIBILITY INFORMATION

How can you be contacted when you telework? (Check all that apply):

Phone Email Text Other (describe): _____

I have read and understand the Temporary Telework Policy and agree to comply with its conditions.

Employee Signature

Date

I authorize temporary telework for this employee in accordance with the policy.

Supervisor Signature

Date

VP Signature

Date

Please email to Human Resources: Human.Resources@cuchicago.edu