

AND/OR

The department will purchase/provide the following equipment:

Employee Agreement

____ (employee initials) I agree to use my personally owned equipment detailed above for telecommuting and agree that I shall be solely responsible for any costs incurred for damage, repair, or replacement to such equipment, include any costs that results from telecommuting.

____ (employee initials) I agree that immediately upon expiration or termination of any telecommuting arrangement, I will return any SHSU property to SHSU.

____ (employee initials) I have reviewed this proposal above, including performance outcome measures and I have read [Finance & Operations Human Resources Policy ER-12](#) and the [SHSU Telecommuting Guidelines](#). I understand that if telecommuting is approved, my failure to adhere to the expectations set by my supervisor may have an adverse effect on my employment and may result in disciplinary action, including, but not limited to the immediate withdrawal of telecommuting arrangements.

Employee

Date

I find the above proposal to be in the best interest of the University at this time and route to the Division Vice President through the appropriate individuals below.

Supervisor

Date

Chair/Department Head

Date

Dean/AVP

Date

Division Vice President

Date