FLORIDA STATE UNIVERSITY
OFFICE OF HUMAN RESOURCES
A6200 University Center
Tallahassee, FL 32306-2410
Phone: (850) 644-6034
Fax: (850) 645-4670
Email: hr@fsu.edu

Extended Telework Agreement

Instructions: The following fully approved agreement is required before an employee can work at an alternate work location for more than two days per workweek.

Employee Name	Employee ID	Date of Hire
Job Code/Title	Department	Supervisor

Salary Plan: ☐ A&P ☐ USPS ☐ OPS ☐ AEX ☐ Faculty FLSA Exempt: ☐ Yes ☐ No

Reason for Extended Telework

☐ Other ☐ Short-term Medical (Non-Disability) ☐ In Conjunction with Parental Leave

*For Disability (ADA)or Pregnancy related reasonable accommodation requests, use the following forms:

- Disability Related Request
- Pregnancy Related Request

Justification for Telework:

Proposed Telework Period: _____ Begin Date _____ End Date

Proposed Telework Schedule:

☐ Fixed (list days and hours):

Fri	Sat	Sun	Mon	Tue	Wed	Thurs

☐ Flexible (list total hours per day/week): _____

Telework Details:

Location Description:	Location Address:

Job Duties/Tasks to be Performed at Alternate Work Location:

Extended Telework Agreement

By signing this form, I agree to abide by the expectations set forth in Alternate Work Location Arrangement Pilot Program. I understand that I am responsible for having the appropriate equipment and technological access at the alternate work location to ensure my job duties can be completed. Should any of the terms/conditions of this agreement change, I will update my supervisor and the Telework Administrator immediately. I understand that this Telework Agreement can be terminated at any time with reasonable notice.

_____ _____

Employee Signature Date

Department/Division Review:

☐ Approved (as specified above or with the following modifications):

_____

☐ Denied (provide explanation):

_____

By signing this form, I certify I have reviewed the current telework agreement and that my determination is based on organizational needs, the employee's ability to perform their work effectively at an alternate work location, and the employee's demonstrated sustained high performance.

_____ _____

Supervisor Date

_____ _____

Dean/Director/Department Head Date

_____ _____

Vice President Date

Forms should be emailed to Telework Administrator at hr-attendanceleave@fsu.edu for review and to obtain final HR approval/denial.

Office of Human Resources Review:

All information has been verified by the Telework Administrator: (initials). The following is additional relevant information for consideration:

☐ Approved (as specified above or with the following modifications):

_____

☐ Denied (provide explanation):

_____

_____ _____

Associate Vice President for Human Resources & Finance and Administration Chief of Staff Date