

**LSU AgCenter
Telecommuting Agreement**

Employee Name:

Unit:

Job title:

Manager Name:

Effective date: End Date, if applicable:

- **Duration of Agreement** – Telecommuting agreements are generally established on an ongoing or temporary basis or in response to a declared emergency. Select one:

Ongoing Temporary: Declared Emergency

- **Schedule** – The employee’s work schedule remains the same unless otherwise outlined below. If for any reason the employee is unable to provide a full 40-hour workweek, he/she is obligated to use personal leave to cover the missing hours each week.

Defined Remote Work Schedule:

- **Remote Work Location** – List the address where you plan to work remotely. Remote work locations that are outside of Louisiana may impact your state income tax liability and deductions. Employees should seek professional advice on tax issues. Please note that employees should request reimbursement for actual mileage when calculating travel expenses.

Remote Work Location Address:

- **Communication** – Employees who are working remotely are obligated to maintain regular channels of communication with their supervisor and customers/clients during normal business hours and after hours, if necessary. Communication includes both telephone and email as well as other regularly used methods of communication.

Primary phone contact #:

I have been provided a copy of the full [LSU AgCenter Telecommuting Guidelines](#) and have read and understand them. I also understand that I am obligated to adhere to ALL of the outlined requirements. All documentation, records, or other materials as defined in La. RS 44:1 that are produced or obtained while working remotely are property of the LSU AgCenter. Such items may be subject to public records laws and audits.

REQUIRED APPROVALS:

Employee Signature

Date

Manager Signature

Date

Vice President or Designee

Date

Copy to HRM Date: _____