



## Mt. Hood Community College COVID-19 Temporary\* Telecommuting Agreement and Authorization

Name: \_\_\_\_\_ Position Title: \_\_\_\_\_

Supervisor: \_\_\_\_\_

### TELECOMMUTING LOCATION

Alternate worksite (please specify type of location and address):	
Telecommuting site phone:	

### TERMS OF AGREEMENT

The parties agree that the employee will telecommute as follows (days/times)\*:

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\*\*This agreement does not change an employee's standard work schedule

This form is to be utilized for telecommuting agreements entered into in response to COVID-19 ONLY.  
All non-related requests must be made using the MHCC "Telecommuting Agreement and Authorization" form.  
All requests will be approved on a case-by-case basis.

**\*This agreement will terminate April 30, 2020 unless extended by the College President or designee.  
Management reserves the right to revoke this telecommuting agreement at any time.\***

The employee agrees to comply with all College policies, regulations, practices and instructions.

The employee understands that this temporary telecommuting agreement does not constitute a guarantee of any future telecommuting agreement.

I have read the MHCC Administrative Regulation AR-5160 - Telecommuting and this Telecommuting Agreement and Authorization Form and agree to the terms for telecommuting.

Telecommuter Signature	Date
Supervisor Signature	Date