How to initiate: Temporary Telecommuting Agreement on DocuSign.

1. Login: [https://docusign.sfsu.edu/](https://docusign.sfsu.edu/)
2. Click: “New” and select “Use a Template” then click “Shared Folders” and Select “Human Resources” to find “Temporary Telecommuting Agreement”.

![DocuSign interface image]
3.  Enter your name and approver’s name (Must be the Dean: Alvin Alvarez).

Temporary Telecommuting Agreement

Recipients

1.  Employee
   Name *
   [Input field]
   Email *
   [Input field]

3.  Appropriate Administrator
   Name *
   [Input field: Alvin Alvarez]
   Email *
   [Input field: aalvarez@stsu.edu]

4.  HR Approver
   Signing Group Name *
   [Input field]

4.  HR Employment Services
   Signing Group Name *
   [Input field: HR Employment Services Signing Group]
4. Enter your name in Email Subject and Send.

5. Sign Now.

6. Click Continue to complete form.
7. Fill in the required fields’ page 1&2.

Temporary Telecommuting Agreement

Given the evolving nature of the COVID-19 virus, SF State encourages practical social distancing as recommended by the California Department of Public Health. As such, departments should consider ways of implementing social distancing as a method to minimize the spread of the COVID-19 virus. One such option for social distancing is telecommuting on a temporary basis where management has determined that such temporary telecommuting is appropriate and viable.

Need for Telecommuting:

“To facilitate remote office operations during the University’s period of remote instruction and services in response to COVID-19.”

This Temporary Telecommuting Agreement (Agreement) should be used in all instances in which management has determined that an employee may temporarily telecommute as a means of social distancing. In addition, if an employee already has an existing telecommuting agreement in place, this Temporary Telecommuting Agreement should be used in addition so as not to modify an existing agreement because this Temporary Telecommuting Agreement provides the flexibility needed to adjust to any changing circumstances evolving as a result of the COVID-19 outbreak.

This Agreement is between SF State and [Your Name] ("you"), and must be signed and approved by the employee’s manager and the AVP of HR at SF State. When management determines to end your temporary telecommuting arrangement as described in this Agreement, and if you had a Telecommuting Agreement in place immediately prior to this Agreement, you should discuss with management whether any further telecommuting is appropriate.

SF State and [Your Name] ("you") agree that you will temporarily telecommute on the following days: Monday to Friday with the following frequency (such as days, weeks) beginning on 03/16/2020. You understand that this agreement to permit you to telecommute is a temporary measure only, and will be reviewed continuously during the period in which SF State encourages social distancing as a measure intended to minimize the spread of COVID-19. Accordingly, SF State may alter this schedule or end the Temporary Telecommuting Agreement at any time in its discretion.

You agree to maintain a presence with your Department while temporarily telecommuting. Presence may be maintained in the manner and using the technology, directed by the Department, which remains readily available such as by laptop computer, mobile phone, email, messaging application, videoconferencing, instant messaging and/or text messaging at all times during the times the Department expects or requires you to work.

This temporary telecommuting arrangement will begin on 03/16/2020 and will remain in effect unless altered or terminated at any time.

While temporarily telecommuting, you will work and maintain productivity, performance, communication and responsiveness as reasonable to ensure operations are continuing.

This Agreement does not change the basic terms and conditions of your employment at SF State. You will continue to perform your duties as set forth in your job description, as well as in the Temporary Telecommuting Agreement.

If you are a non-exempt employee, you are not to work overtime without prior approval from your supervisor, and
8. Page 2. Sign and Print Name and click “Finish”.

Temporary Telecommuting Agreement

You will be responsible for maintaining a telecommuting site that is safe and ergonomically appropriate. All injuries incurred by you during hours you are working and all illnesses that are job-related must be reported promptly to Risk Management and Workers' Compensation.

You acknowledge that if your manager deems that the temporary telecommuting arrangement described in this Agreement is not working effectively or as envisioned, management may at any time adjust or end the temporary telecommuting arrangement. Management will strive to provide at least 24 hours' advance notice of any changes to the temporary telecommuting arrangement.

You agree that effective when you begin telecommuting under this Agreement, you will be telecommuting from the following City and State: [ ]

You agree to notify the Department in writing within three calendar days of any changes to the City and/or State from which you will be temporarily telecommuting, along with the effective date(s) and duration of such change. You understand SF State will rely on this information in determining its compliance with any local laws and ordinances while you are temporarily telecommuting.

Will you be working with Level 1 data while telecommuting? [ ] Yes [ ] No

If yes, please generally describe the type of data you work with (for example: medical records)

*PLEASE DO NOT PROVIDE SPECIFIC DETAILS IN YOUR DESCRIPTION.

UNDERSTOOD AND AGREED:

Employee Signature: ____________________________ Date: ____________

Print Name/Title: ____________________________

APPROVED BY:

Approver Signature [Appropriate Administrator] Date: ____________

Print Name/Title: ____________________________

Department: ____________________________

HR Signature: ____________________________