



# Sam Houston State University

*A Member of The Texas State University System*

## HUMAN RESOURCES DEPARTMENT

### Telecommuting Proposal

In accordance with [Finance & Operations Human Resources Policy ER-12](#), this proposal requests approval to telecommute for a period exceeding five business days. The supervisor shall prepare performance outcome measures and after obtaining the signature of the requesting employee shall route the proposal through appropriate channels for consideration by the Division Vice President.

#### Telecommuting Employee Info

|   |   |
|---|---|
| Name:   | SAM ID:   |
| Job Title:                                    | Department:   |
| <input type="checkbox"/> Exempt               | <input type="checkbox"/> Non Exempt   |
| Requested Date(s) of Telecommuting:<br><br>to | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>This is a request for an ADA accommodation* |

\*Requests for accommodations under the Americans with Disabilities Act must first be reviewed and approved by the AVP for Human Resources in accordance with [Finance & Operations Human Resources Policy ER-5](#). Human Resources can be reached at 936-294-1070.

- 1) The Employee will telecommute at the following address:

Street Number: \_\_\_\_\_ Street Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Note: The SHSU Payroll Office must be notified at [payroll@shsu.edu](mailto:payroll@shsu.edu) prior to authorizing telecommuting outside the state of Texas. Further, SHSU will not authorize nor permit telecommuting from a country outside the borders of the U.S.

- 2) [Performance outcome measures](#). The above-named employee will complete the assignments detailed in the employee's job description through telecommuting. The employee's performance will be evaluated by the following measurements:

a) \_\_\_\_\_

b) \_\_\_\_\_

c) \_\_\_\_\_

(attach supplemental documentation as necessary)

- 3) Equipment.

The employee will use personally-owned equipment/internet access at the employee's own expense as specifically described (List any devices, space, printer, networking, and/or internet capabilities)

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.

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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.

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Supervisor \_\_\_\_\_ Date \_\_\_\_\_

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Chair/Department Head \_\_\_\_\_ Date \_\_\_\_\_

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Dean/AVP \_\_\_\_\_ Date \_\_\_\_\_

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Division Vice President \_\_\_\_\_ Date \_\_\_\_\_