This document specifies the detail of an employee’s telecommuting work agreement with the College of Southern Nevada (CSN). When all signatures are present, the employee, hereafter also referred to as “telecommuter”, is authorized to begin the telecommuting procedure as defined in this agreement. This telecommuting agreement may be discontinued by either the telecommuter or CSN at any time. Every effort shall be made to provide thirty (30) days’ notice of a change or discontinuance. There may be instances, however, where shorter notice may be necessary.

I. EMPLOYEE & SUPERVISOR AGREEMENT

Start date: ________________  [telecommuting agreement must be renewed every six (6) months.]

Telecommuting workdays per week: ________________ Day(s) of the Week (mark all that apply): □ M □ T □ W □ R □ F □ Sa □ Su

Will these day(s) be the same each week? _____Y _____N (If no, explain): ____________________________________________

Specify core hours of telecommuting: ___________________________ Total hours per day: ___________________________

Specify physical address of telecommuting location:

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

The telecommuter accepts and understands that during the telecommuting period to:

a) Immediately notify his/her supervisor of a change in residence/telecommuting location.

b) Allow CSN to inspect the telecommuter’s designated work location at mutually agreed upon times to ensure that safe working conditions exist.

c) Understand CSN’s Workers’ Compensation program and reporting procedures.

d) Not conduct meetings or have business related visitors, unless pre-approved by supervisor. Meetings should take place at CSN locations or by video conference.

e) Understand that non-work activities by the telecommuter, including basic home tasks such as cleaning, laundry, lawn work, etc., are prohibited during agreed work hours.

f) Understand that child and/or elderly care by the telecommuter is prohibited during agreed upon work hours.
III. ANNUAL, SICK, & OTHER LEAVE

If the employee/telecommuter has to perform personal business during the designated work hours/days, then the employee must request annual leave. If the employee or approved family member becomes sick/ill and needs attention during the designated work hours/days, then the employee must request sick leave or family sick leave. All leave must be requested through Workday, and per department/division policy (i.e. within 3 days’ notice). It is the employee’s/telecommuter’s responsibility to request leave and notify their supervisor and/or Human Resources of their situation.

IV. JOB DESCRIPTION, DUTIES, & RESPONSIBILITIES

The position description outlines the job duties and responsibilities for the telecommuter at the telecommuting location and at a CSN primary employment location.

The telecommuter is still responsible to abide by all rules, regulations, policies, and procedures of the Board of Regents, NSHE, CSN, and their department/division.

The telecommuter still has a supervisory chain of command to follow, as if they were an employee working at a CSN primary employment location.

The telecommuter is still responsible to monitor communications daily and respond to emails, texts, phone calls, and other modes of communication in a timely fashion.

V. EQUIPMENT & TECHNICAL SUPPORT

If CSN owned equipment is being used by the telecommuter at the remote location, the employee must submit a signed copy outlining all equipment taken. The employee agrees to follow CSN procedure regarding the use of equipment. If CSN equipment is broken or damaged while in the care of the employee, the employee is responsible for repairing or replacing the damaged equipment within thirty (30) days.

If CSN-owned equipment, hardware, and/or software is not being used, the employee/telecommuter agrees to discharge CSN and its employees, vendors and contractor’s from any liability regarding non-CSN owned software, hardware, and/or equipment.

The telecommuter agrees to access CSN technical support through previously arranged instructions by contacting CSN OTS.

The telecommuter agrees to utilize their CSN email as the official mode of receiving and responding to emails.

Below is a list of CSN equipment the employee/telecommuter has been issued to use in the operation of their job duties:

- [ ] Telecommuter did not receive any CSN issued equipment.
- [ ] Laptop – Model/Serial # __________________________
- [ ] Tablet – Model/Serial # __________________________
- [ ] Cell Phone – Model/Serial # __________________________
- [ ] Other (description) __________________________

VI. COMMUNICATION & ACCESSIBILITY

Home Phone Number: __________________________  Cell Phone Number: __________________________

Employee’s CSN telephone extension will be forwarded to: Home Number: [ ] Y [ ] N  Cell Number: [ ] Y [ ] N
If CSN extension is not forwarded, calls will be handled by (specify name and CSN phone extension):

Employee/telecommuter and supervisor authorize the following people to have the above phone number(s) and authorize telephone calls to employee/telecommuter for business purposes only on days of telecommuting as defined in this agreement (list individuals and/or a department name):

Telecommuter will email their supervisor to report in no later than____________(am/pm) on telecommuting days.

Other designated procedures to be performed by the telecommuter and/or emergency contacts with phone number:

VII. CONFIDENTIALITY OF DATA & RECORDS MANAGEMENT

The employee agrees to maintain the highest standards of safeguarding CSN information and material in the telecommuting location, including but not limited to student records and data, employee records and data, passwords, proprietary information, etc. Additionally, the employee agrees to the following measures to ensure the confidentiality, preservation, and retention of CSN records and data to maintain the integrity of the telecommuting program.

VIII. ACCEPTANCE & APPROVAL OF AGREEMENT

I_____________________________ have read and understand this Temporary Employee Telecommuting Agreement. I agree to abide by and operate in accordance with the terms and conditions outlined in this document. I agree that the sole purpose of this Agreement is to regulate telecommuting and it neither constitutes an employment contract nor an amendment to any existing contract. Either CSN or the employee may discontinue this Temporary Employee Telecommuting Agreement. Every effort shall be made to provide thirty (30) days’ notice of the change or discontinuance. There may be instances, however, where shorter notice may be necessary.

I also understand that any changes in the work arrangement or extension of this temporary Agreement must be in writing and must be approved by Human Resources, the supervisor, and the employee.

I further understand that if I violate any portion of this Temporary Employee Telecommuting Agreement, I am subject to discipline up to and including termination by CSN.

By signing below, the employee agrees that they have received, read, understands, and will abide by this Temporary Employee Telecommuting Agreement, and they understand the policies and procedures of this Agreement, including the specific provisions listed above.

Employee/Telecommuter Signature       Date       Supervisor Signature       Date

Temporary Telecommuting Agreement   3   3-17-2020