

**Mississippi State University**  
**2021 Telework Agreement**

By signing this agreement, the University is allowing you to work from a remote location for the time specified. Failure to work as scheduled is considered misuse of state funds. Employees and supervisors are subject to audit regarding time worked, and any employee who is not working as expected and any supervisors not holding employees accountable for performing their job functions will be subject to disciplinary action.

By signing this, you agree that you:

- (1) can complete all functions contained in your job description from a remote location;
- (2) will complete all job functions as if you were physically present in your usual office location;
- (3) will not use telework as a substitute for childcare or other personal life situations; and
- (4) will abide by all federal, state, and local laws, and University policy, and understand that all University policies apply regardless of your work location.

Name: \_\_\_\_\_ MSU ID #: \_\_\_\_\_ Phone: \_\_\_\_\_

Department: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Duration of Plan:**

\_\_\_\_\_  
 Start Date Tentative End Date

**Telecommuting Work Schedule (Please check all that apply and indicate number of hours each day):**

Work schedule is variable based on department needs.

If work schedule is variable, you do not have to complete the schedule below.

<input type="checkbox"/> Sunday	Sunday Work Hours:
<input type="checkbox"/> Monday	Monday Work Hours:
<input type="checkbox"/> Tuesday	Tuesday Work Hours:
<input type="checkbox"/> Wednesday	Wednesday Work Hours:
<input type="checkbox"/> Thursday	Thursday Work Hours:
<input type="checkbox"/> Friday	Friday Work Hours:
<input type="checkbox"/> Saturday	Saturday Work Hours:
<b>Total Work Hours:</b>	

**Review of Performance:** Supervisors are encouraged to review employees' job performance at least once a month to determine whether telework should continue.

This form must be on file with Human Resources Management. The form may be emailed to [leave@hrm.msstate.edu](mailto:leave@hrm.msstate.edu). A copy of the Telecommuting Plan is to be retained by the Department/Unit.

\_\_\_\_\_  
 Employee Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Supervisor Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Department Head/Director Signature

\_\_\_\_\_  
 Date