**Bethel University**

**Work from Home Arrangement Form (Staff)**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work from Home Start Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**General Schedule:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Day of Week** | **BU Location** **or Home:** | **General Start Time** | **General End Time** |
| Monday |  |  |  |
| Tuesday |  |  |  |
| Wednesday |  |  |  |
| Thursday |  |  |  |
| Friday |  |  |  |

**EMPLOYEE**

I have read and agree to abide by the Work from Home Policy, including the requirements surrounding:

* Childcare
* Employee Work Expectations
* Office Furniture
* On Campus Presence and corresponding Travel Expenses
* Technology & Secure Internet
* Workspace and corresponding Tax implications
* Liability

I understand that I will be provided two weeks’ notice if changes in my work from home arrangement are needed. I understand that this arrangement will be evaluated for effectiveness throughout the year and will be formally reviewed as part of the performance review, reappointment and/or at another agreed upon annual meeting.

**SUPERVISOR AND/OR DEPARTMENT HEAD**

I have discussed this work from home arrangement with the above-mentioned staff employee. I agree to provide the employee with two weeks’ notice if work from home adjustments are needed. Providing as much advance notice as possible, I also agree to communicate any atypical need for the employee’s presence at onsite meetings, work functions or other events that may be outside the employee’s normally scheduled WFH hours. I agree to formally review this work from home arrangement as part of the staff employee’s annual performance review..

Supervisor/Department Head Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

OPC Representative Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_