

TEMPORARY TELECOMMUTING REQUEST FORM

NON-EXEMPT EMPLOYEE TEMPORARY REMOTE WORK AGREEMENT

This agreement confirms a temporary remote work arrangement to address the potential spread of the COVID-19 virus. Approval of this arrangement is limited to a period of up to 30 days, with the potential to extend, based on shifting events. If circumstances change or it is determined that remote work is not a sufficient method for you to complete your essential job functions, Stanford Health Care reserves the right to end the remote work arrangement prior to the end of 30 days, with 24 hours' notice. Creation of this temporary arrangement is to address an exigent circumstance and may not be relied upon as precedent for future arrangements. Employees may be requested to come on-site for specific meetings/events.

Employee Name:	Employee ID#:
Job Title:	Dept:
Manager Name:	<input type="checkbox"/> Non-Exempt
Contact information (including home address, home phone and Stanford cell phone number):	

1. How will you be able to perform your essential job duties remotely?

2. What are your regular work days and hours?

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Please initial that you will be able to meet the following requirements:

Initials	Requirements
	I understand that I must respond in a timely manner to emergencies or other unexpected events in my department.
	I have all the necessary equipment to be able to do my job remotely as proposed above.
	I have the capability to maintain appropriate privacy at home to avoid disclosure of confidential information or PHI.
	I have access to a hi-speed internet connection and secure portal (e.g. Citrix, VPN) and can access the necessary applications and electronic files to do my job.
	I have a safe, private and ergonomic space at home from which I can work.
	I have a homeowners' policy or renter's insurance policy that covers liability for potential injuries.
	I have read and agree to abide by the terms of the TEMPORARY REMOTE WORK AGREEMENT.
	I agree to accurately record my working hours and meal breaks and to take my hospital-mandated rest and meal breaks in accordance with California law.
	I agree that it is my duty to inform my supervisor if my work is preventing me from taking either my rest or meal breaks in accordance with California law. If I do not inform my supervisor this is evidence that I was able to take my rest and meal breaks in accordance with California law.

By my signature, I attest that I have reviewed and understand the terms of this TEMPORARY REMOTE WORK AGREEMENT and agree to abide by the requirements and expectations set forth herein.

Employee Signature

Date

I approve the above, not to exceed 30 days.

Manager's Signature

Date

Director's Signature

Date