# HURRICANE IDA TEMPORARY VIRTUAL WORK AGREEMENTfor Non-Faculty Employees - *Effective Dates: September 20 – October 3, 2021*

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| **Employee Name/Title:** | **Supervisor Name/Title:** |
|  **EMPLOYEE ID (LOLA#):** | **Dept:** | **Biweekly Virtual Schedule: (limit 2 virtual workdays per week)** |
| * M ☐ T☐ W ☐ Th ☐ F **(required 3 onsite workdays)**
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| * M ☐ T☐ W ☐ Th ☐ F **(required 3 onsite workdays)**
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| **COMPLETED BY SUPERVISOR – Describe/list employee’s job duties to be performed during virtual work days:** |
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**AGREEMENT REQUIREMENTS:**

* Supervisor and employee have discussed and confirmed job duties above can be performed virtually, while maintaining optimal productivity and without interruption to College operations.
* Full-time employees remain responsible for a regular 40-hour work week, and they are responsible for 8 hours of work (or the number of regularly scheduled work hours) for each virtual work day. Part-time employees are responsible for the number of regularly scheduled work hours for each virtual work day.
* Employee and supervisor must certify employee has performed the virtual duties described above in accordance with their time worked reported and approved via their biweekly web time entry/timesheet.
* Employee must perform all virtual work at official home address on file with Human Resources, and any exceptions during the agreement period must be documented and approved by the Supervisor.
* Supervisor and employee have confirmed employee has appropriate space, equipment, phone, and Internet access to perform the above duties virtually, without creating an information security risk for the College.
* Supervisor must provide adequate supervision/monitoring of performance to ensure productivity of all work
* Supervisor and employee have thoroughly reviewed and discussed the *Temporary Virtual Work Guidelines.*
* Supervisor and employee certify they have read, understand, and agree to abide by the *Hurricane Ida Temporary Virtual Work Procedures for Non-Faculty Employees* in effect at the time of this agreement, and any deviation from this agreement must be justified and approved in writing by the supervisor.

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CERTIFICATION SIGNATURES: \*\***Signatures may be provided via hard-copy signature, scan, or electronic means.\*\*
**At Beginning of Agreement Period:** *I certify that I agree and will abide by the requirements above.*

Employee’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Upon Completion of Agreement Period:**
**EMPLOYEE:** *I certify that I have performed the virtual work duties described in this agreement in accordance with the time I have reported via my biweekly web time entry and I have abided by all the requirements above.*

Employee’ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SUPERVISOR:** *I certify that I have sufficiently monitored the employee’s productivity during this agreement period; the employee has performed the job duties in accordance with their time as reported and approved via biweekly web time entry; and I have abided by all requirements of this agreement.*

Supervisor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Approved 9/14/2021*