

Remote Work Agreement

1. Employee Information:

Name: _____
Employee ID: _____
Job Title: _____
Department: _____
Supervisor: _____

2. Remote Work Area:

Address: _____
Phone Number: _____
Workspace: _____
Supervisor: _____

3. Remote Work Schedule:

Work Days: _____
Work Hours: _____
Lunch Period/Breaks: _____

4. Equipment:

Employer Provided: _____
Employee Provided: _____

Authorization:

I have read, fully understand, and accept the terms and conditions described in TUSD Governing Board Regulation [GCAB-R](#). I understand and agree with all the expectations, duties, obligations, and responsibilities discussed in the document.

Employee: _____
Supervisor: _____