

If RRCC-owned equipment, hardware, and/or software is not being used, the employee (telecommuter) agrees to discharge RRCC and its employees, vendors and contractor's from any liability regarding non-RRCC owned software, hardware and equipment.

The telecommuter agrees to access RRCC technical support through previously arranged instructions by contacting:

_____ at RRCC telephone number _____.

VI. COMMUNICATION & ACCESSIBILITY:

Home Phone Number: _____ Cell Phone Number: _____
Employee and supervisor authorize the following people _____ to have this phone number and authorize telephone calls to employee for business purposes only on days of telecommuting as defined in this agreement.

Employees RRCC telephone extension will be forwarded to: Home Number: If ___Y___N Cell Number: ___Y___N
'no', employee and supervisor agree:

Calls will be handled by (specify name and RRCC phone extension): _____

Employee will telephone no later than _____ a/p on telecommuting days directly to:
___Supervisor ___Receptionist ___Designated Co-worker ___Not Applicable ___Other: _____

Other designated procedures/emergency contacts: _____

VII. CONFIDENTIALITY OF DATA AND RECORDS MANAGEMENT

The employee agrees to maintain the highest standards of safeguarding RRCC information and material in the telecommuting location. Additionally, the employee agrees to the following measures to ensure the confidentiality of data, preservation and retention of records and to maintain the integrity of the telecommuting program:

VIII. ACCEPTANCE & APPROVAL OF PROCEDURE

I have read and understand both the Telecommuting Procedure and this Agreement. I agree to abide by and operate in accordance with the terms and conditions outlined in both documents. I agree that the sole purpose of this agreement is to regulate telecommuting and it neither constitutes an employment contract nor an amendment to any existing contract. This telecommuting agreement may be discontinued by either the employee or RRCC. Every effort shall be made to provide thirty (30) days notice of the change or discontinuance. There may be instances, however, where shorter notice may be necessary.

By signing below, the employee agrees that s/he has received, read, understands, and will abide by the Telecommuting Procedure, that s/he understands the policies and procedures of the Telecommuting Program, including the specific provisions listed above.

I _____ understand and agree to the terms and conditions of this Program and authorization. I
Employee Name

also understand that any changes in the work arrangement must be in writing and must be approved by the employee, supervisor, location Human Resources representative and affected Vice President.

Employee Signature Date

Human Resources Signature Date

Supervisor Signature Date

Vice President Signature Date