**Bethel University**

**Work from Home Acknowledgement Form (Faculty)**

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

Department Chair/Program Director \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FACULTY EMPLOYEE:**

I have read and agree to abide by the Work from Home Policy, specifically 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 regarding work from home are needed. I understand that work from home will be evaluated for effectiveness throughout the year. Finally, I have discussed with my department chair/program director departmental expectations regarding on-campus responsibilities associated with teaching, providing office hours, advising, attending department meetings, etc..

**ANTICIPATED OFFICE HOURS/HOURS AVAILABLE TO STUDENTS AND DEPARTMENT MEMBERS:**

Include if the student office hours are in person or virtual.

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**DEPARTMENT CHAIR/PROGRAM DIRECTOR**

I have discussed the work from home requirements with the above-mentioned employee. I have discussed departmental expectations regarding on-campus responsibilities associated with teaching, providing office hours, advising, attending department meetings, etc.. I agree to provide the faculty member with two weeks’ notice if work from home adjustments are needed. Providing as much advance notice as possible, I agree to communicate any need for the faculty’s presence at onsite meetings, work functions or other events that may occur during typical WFH hours.

Department Head Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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