

College of Arts and Letters
Office of the Dean

CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO
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Date: _____
Enter Date

To: Dr. Shari McMahan
Provost and Vice President of Academic Affairs

From: _____
Full Name

Title and Department

Subject: Telecommuting During COVID – 19 Pandemic
Per CSUEU/CSU MOU, *CSUEU/CSU Memorandum of Understanding Bargaining Unit Impacts of Telecommuting During the Covid-19 Pandemic, Dated 12/22/2020*

I, _____, understand that as a result of COVID-19, employees may be required to perform their normally assigned
Enter Full Name
duties by telework (telecommuting). I also understand that if I qualify for COVID-related leave or am unable to perform my workplace functions due to other medical issues, I may choose to use leave rather than telecommute.

I acknowledge I will be performing the essential functions of my position as _____ in department of
Title
_____, by telecommuting. Telecommuting will begin _____ and will end _____.
Department Name *Start Date* *End Date*

Employee Signature **Date**

Immediate Supervisor **Date**

Dr. Rueyling Chuang **Date**
College Dean Signature

Dr. Shari McMahan **Date**
Divisional Vice President Signature

Dr. Muriel C. Lopez-Wagner **Date**
AVP for Human Resources Signature

cc: Department Head
Employee Personnel File