I have read and understand the attached Remote Work Policy, and agree to the duties, obligations, responsibilities, and conditions for remote workers described in that document.

I agree that, among other things, I am responsible for adhering to specific remote work hours consistent with the quantity of normal work hours (37.5 or 40), supplying and maintaining my work space in a safe manner, respecting established remote work protocols, and employing appropriate measures to protect University assets and information. Employees are to be available during established work hours. Non-exempt employees are required to obtain supervisory authorization prior to working overtime.

I understand that remote work is voluntary and I may stop remote work at any time. I also understand that the University may change any or all of the conditions of the remote work agreement or terminate the remote work agreement within the parameters of the Remote Work Policy.

The specific nature of this remote work arrangement is detailed in the following pages:

Date:

Department:

Department Head:

Supervisor:

Employee Name:

Time Period for Arrangement: Not to exceed 12 months Start Date: End Date:

Primary Remote Work Location Address

Street Address: City: State Zip Code Phone Number

Home:

Cell:

Primary Work Site Description:

WORK SCHEDULE:

Sunday:

Monday:

Tuesday:

Wednesday:

Thursday:

Friday:

Saturday:

EQUIPMENT & ASSETS TO BE USED REMOTELY:

University Equipment Description and P-Tag number if applicable.

Non-University Equipment Description.

University Systems to be Accessed Remotely:

Description of work to be performed remotely:

COMMUNICATIONS & FEEDBACK

Communication protocols & expectations while working remotely:

Restrictions - Non-exempt University employees are subject to hourly time reporting and overtime requirements. Any remote work arrangement involving non-exempt staff must conform with these restrictions.

FLSA CONSIDERATIONS FOR REMOTE WORK:

Additional comments/considerations for this remote work arrangement:

I understand that I am required to abide by all University policies and work rules as well as the terms and conditions contained in this Agreement.

Employee:

Supervisor:

Dean/Director:

Division Head (if required):

Human Resources: