



Remote Work Agreement Form

Date Completed	
Employee Name	
Supervisor Name	
Department/Unit	
Job Title	
Position Number	

This document is intended to ensure both the supervisor and employee have a clear, shared understanding of the employee's ongoing Remote Work agreement. Each arrangement is unique depending on the needs of the employee, supervisor, position, department, and the University. This agreement does not provide contractual rights to an employee, nor does it afford rights of continued employment, a remote work arrangement, or to a specific satellite work location. It does not alter or supersede other terms and conditions of employment of an employee's existing appointment.

EMPLOYEE REMOTE WORK LOCATION INFORMATION

Employee Name:	
Employee Email:	
Job Title and Position Number:	
Department/Unit:	
Primary Campus Location and Address:	
Supervisor:	
Remote Work Suitability Assessment approval date:	
Address of the Satellite (Remote) Work Location:	
Remote Work Start Date:	
Remote Work End Date:	

JOB DUTIES AND SUPERVISOR REVIEW

The general expectation for a Remote Work arrangement at a satellite work location is that the employee will effectively accomplish their regular job duties regardless of where they are located. If there are specific job duties and/or expectations that may require the employee to be away from the satellite work location during scheduled remote work (i.e., travel, on-site/off-site meeting, and training), or other special consideration, specify in the box below or enter N/A.

Briefly describe the plan that will be put in place on how work productivity and quality will be evaluated, how the employee's work schedule will be managed, and how absence requests will be managed for approval.

Outline any operating costs or location expenses that have been agreed to be paid by the department and/or University.

WORK SCHEDULE AND LOCATION

Please indicate whether the employee is moving to 100% remote or a partially remote (hybrid, such as one or two days per week and/or part of each workday) and provide the typical work schedule with an understanding that schedule variations may occur.

100% Remote

Partially Remote (hybrid)

DAY OF THE WEEK	WORK HOURS	WORK LOCATION
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

Notes about work schedule:

REMOTE WORK ARRANGEMENT MODIFICATION

Either the employee or the University may end the Remote Work arrangement. The employee will be expected to report to the principal location of the work at the time the agreement ends (unless extended) or within 10 business days from the date the notice was provided that the agreement has been terminated early. All employee-proposed changes to an existing agreement are subject to department and/or University approval.

REMOTE WORK REVIEW

Remote Work agreements are to be reviewed annually (at minimum). Modifications to the agreement should be documented and reviewed by the employee and supervisor. Long-term or substantial modifications should be documented through a revised agreement.

SPACE, EQUIPMENT AND TECHNOLOGY ACCESS

The employee and supervisor agree to work together to ensure that the Remote Work location is safe, ergonomically suitable, free from distractions, and allows for maintaining appropriate confidentiality of records and information. The employee agrees to immediately report any job-related accidents occurring during established work hours to facilitate timely reporting to the State Self Insurance Fund. Any specific equipment needed at the Remote Work location should be outlined on this Remote Work Agreement Form. All information technology guidelines should be followed to ensure the safety and security of data. In the event of equipment failure or service interruption, the employee should notify the FHSU Technology Services Help Desk immediately.

POLICY AND PROCEDURE ACKNOWLEDGEMENT

Policy Acknowledgements	Employee Initials	Supervisor Initials
I have read and understand the University Remote Work policy .		
I have read and understand the University Intellectual Property policy .		
I have read and understand the University Information Technology policy .		
I have reviewed and understand the University time and leave reporting requirements .		

EMPLOYEE AGREEMENT AND ACKNOWLEDGEMENT

I have read, understand, and will comply with all the terms and conditions of the University's WorkFlex Policy and Program Guidelines, which are incorporated herein by reference, along with the Suitability Assessment Form and this Remote Work Agreement. I further agree and acknowledge that the University retains complete discretion as to whether or not it will approve, continue, or modify this Remote Work Agreement, and that in any event I remain responsible for complying with all other terms and conditions of my employment, job responsibilities and duties, KBOR and FHSU rules, regulations, policies, and procedures, and all other applicable laws and regulations concerning my employment.

Employee Signature *Date*

UNIVERSITY APPROVALS

Supervisor *Date*

Department Head/Unit Manager *Date*

Dean/Unit Director *Date*

Provost/VP/President *Date*

Please return a completed Agreement and Suitability forms to the Human Resource Office

