

COVID-19 Temporary Remote Work Agreement

Employee Name:	Supervisor Name:
Employee J#:	Employee Category: <div style="text-align: center; margin-top: 5px;">Faculty Staff</div>
Division/College:	Department:
Job Title:	Campus Work Location:
Remote Location:	

To be Completed by Supervisor:	Y/N
Job duties can be performed fully or partially remotely.	
Supervisor has discussed with the employee what job duties are to be performed remotely and planned for any duties that must be performed on site.	
Estimation of Anticipated Hours per Week: Remote Work Hours: _____ On-campus Hours: _____ Leave Hours: _____	NA
Employee has appropriate remote space, equipment, telephone and internet access.	
Employee can ensure that remote work will not create an information security risk.	
Employee has demonstrated basic necessary job performance.	
Supervisor can provide adequate supervision and accountability for the remote work.	

Temporary Remote Work Begins _____

Temporary Remote Work Ends _____

Employee Acknowledgement:

I request approval for an temporary remote work arrangement and agree to adhere to all applicable guidelines and policies.

Employee Signature

Date

Department Head Acknowledgment:

I approve this temporary remote work arrangement and agree to adhere to all applicable guidelines and policies. I will ensure adequate supervision and accountability for my employee at all times and work locations.

Department Head Signature

Date