**Remote Work Agreement**

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Unit: ­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We agree to the following Remote Work Schedule:

|  |  |  |
| --- | --- | --- |
| **Day of the Week** | **Schedule (including breaks)** | **Location** |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |
| Saturday |  |  |
| Sunday |  |  |

Time normally scheduled out of the office for personal needs will still need to be scheduled as “approved leave.” Any unplanned absences could be considered “unapproved.” Use of sick leave, vacation, other time off, or other leave credits must be approved in advance by the supervisor and are subject to the respective policies. Overtime worked, or compensatory time earned must be approved in advance by the supervisor and is subject to the respective policies.

We agree to a Remote Work arrangement from the following alternate work site location:

Home Office  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will the employee also maintain a workstation at the office when this agreement takes effect?

Yes  No

If not, what changes will occur?

The employee is meeting all performance expectations, has no disciplinary action in the file, and is not on a performance improvement plan:  Yes  No

**General remote work tasks, duties, and expectations:**

|  |
| --- |
|  |
|  |
|  |
|  |

*Attach job description and describe how each will be tracked and measured.*

**Communication:**

The employee must keep their supervisor informed of progress on assignments worked on at home, including any problems they may experience. The employee will promptly notify the supervisor when unable to perform work assignments due to equipment failure or other unforeseen circumstances.

**Company-Owned Equipment:**

In the event of employer-owned equipment failure, the employee must immediately notify their supervisor. The employee shall return all company-owned equipment or property upon termination of employment or if the remote work agreement ends.

**Employee-Owned Equipment:**

The employer will not assume responsibility for cost, repair, or service when authorizing employees to use their own equipment, unless approved by management.

**The employer will not pay for the following expenses:**

* Maintenance, repairs, or service, to privately owned equipment
* Utility costs associated with the use of the computer or occupation of the remote work site.
* Homeowners’ or Renter’s Liability Insurance to cover the use of space in the remote work site.
* The cost of construction or renovations to the home.

**Safety:**

An employee’s health and safety while working remotely is important. For this reason, the employee will be required to maintain a separate, designated remote work that meets relevant company standards and requirements

Remote work can create the same liabilities for employers as any office. In the case of injury occurring during established work hours and within the work area, the employee shall immediately report the injury to their supervisor.

**Technology Specifications**

1. **Network Connection**

* A Speed test is required to ensure the connectivity is adequate to support remote work. A Speed test tool can be found at <http://www.speedtest.net/>.

1. **Connection Speeds**

* Continuous connection speeds with a *2mbps upload* speed *and 5mbps download* speed are required to ensure adequate bandwidth.  The employee is responsible to ensure their Internet Service Provider (ISP) meets these speed requirements.

1. **Sensitive Data**
   * Employees must adhere to the all company information security policies protecting sensitive data, PII and adhere to all State and Federal policies.
2. **Internet Information**

|  |  |
| --- | --- |
| Internet Speed Test Results |  |
| Name of Internet Service Provider (ISP) |  |
| Upload Speed |  |
| Download Speed |  |

**Hardware and Software**

**Agency Provided Hardware Assigned to Employee:**

|  |  |  |
| --- | --- | --- |
| **Hardware** | **Program** | **Maintained by** |
|  |  |  |
|  |  |  |
|  |  |  |

**Agency Provided Software Assigned to Employee:**

|  |  |  |
| --- | --- | --- |
| **Software** | **Program** | **Maintained by** |
|  |  |  |
|  |  |  |
|  |  |  |

**Agency Provided Office Equipment:**

|  |  |  |
| --- | --- | --- |
| **Type** | **Program** | **Maintained by** |
|  |  |  |
|  |  |  |
|  |  |  |

**Employee Provided Equipment:**

|  |  |  |
| --- | --- | --- |
| **Type** | **Program** | **Maintained by** |
|  |  |  |
|  |  |  |
|  |  |  |

**Expenses**

The employer agrees to paythe following expenses.

|  |  |
| --- | --- |
| Business related telephone calls | Yes  No |
| Cell Phone | Yes  No |
| Internet connection | Yes  No |
| Maintenance, repairs, or service, to state-owned equipment | Yes  No |
| Office supplies (basic supplies consist of paper, pens, staplers, paper clips, fax or computer paper) | Yes  No |
| Other: |  |

**Employee Agreements**

By signing below, I agree to the following:

**•** I understand all work products, documents, and records used or developed during remote work shall remain the property of the company and are subject to company policies regarding confidentiality, security and other relevant requirements.

• I agree to provide my supervisor access to the worksite during regularly scheduled hours if I receive prior notice (typically 24 hours in advance).

• I agree to promptly notify my supervisor when unable to perform work assignments due to equipment failure or other unforeseen circumstances.

• I absolve the company from liability for damages to real or personal property resulting from participating in telework.

• I understand the expectations and requirements outlined in this document and agree to comply.

***Terms of the Agreement***

*This agreement may include a trial period of \_\_\_\_ days. During the trial period, documented review of performance will be done every 30 days (outside of the performance evaluation system). At the completion of the trial period, the supervisor will evaluate whether the arrangement remains beneficial to both employer and employee and decide if the arrangement will continue.*

This agreement will be reviewed and revised when a change occurs with supervision, job responsibilities, change in work circumstances, or performance. Management may revise the agreement at any time.

Date remote work arrangement begins: \_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Employee Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Unit Supervisor Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Department Head Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

HR Representative Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

IT Representative Signature Date