

COVID-19 Emergency Remote Work Agreement

Employee Name:	Supervisor Name:
Employee ID:	Employee Classification: <input type="checkbox"/> A&P <input type="checkbox"/> USPS <input type="checkbox"/> Faculty <input type="checkbox"/> OPS <input type="checkbox"/> Other _____
Division/College:	Department:
Current Position Title:	Official 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-site 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.	

Signatures: *Acknowledgement may be given via physical or electronic signature, or by email transmission.*

Employee Acknowledgement:

I request approval for an emergency remote work arrangement and agree to adhere to all applicable guidelines and policies. **I acknowledge that I have read, understand, and agree to abide by this COVID-19 Emergency Remote Work Procedure and Agreement.**

Employee Signature

Date

Department Head or Designee Approval:

I approve this emergency remote work arrangement and agree to adhere to all applicable guidelines and policies. **I acknowledge that I have read, understand, and agree to abide by this COVID-19 Emergency Remote Work Procedure and Agreement and will ensure adequate supervision and accountability for my employee at all times and work locations.**

Department Head or Designee Signature

Date