

## Remote Work Arrangement Request

### Employee Information

**Request Type:**      New              Renewal or Extension              Change              Terminate Participation

**Employee Name:**

**Employee ID:**

**Job Classification:**              A&P              USPS              Faculty              Other:

**Division/College:**

**Department:**

**Current Position Title:**

**Central Workplace Location:**

**Remote Workplace:**

**Duration (maximum one year)**              **Begin Date:**              **End Date:**

**Supervisor Name:**

### Proposed Remote Work Schedule

**Please provide the central and remote workplace hours and the total hours for each workday. Example: Central = 4.00; Remote = 4.00; Total = 8.00 (if no hours, leave space blank)**

Monday:	Central Hours	Remote Hours	Total Hours
Tuesday:	Central Hours	Remote Hours	Total Hours
Wednesday:	Central Hours	Remote Hours	Total Hours
Thursday:	Central Hours	Remote Hours	Total Hours
Friday:	Central Hours	Remote Hours	Total Hours
Saturday:	Central Hours	Remote Hours	Total Hours
Sunday:	Central Hours	Remote Hours	Total Hours

Additional information or description of planned schedule:

### Employee Safety Checklist

Upon signing this form, the employee confirms each safety feature for the remote workplace listed above.

1. Temperature, ventilation, lighting, and noise levels are adequate for maintaining a work location.
2. Electrical equipment is free of recognized hazards that could cause physical harm and electrical system allows for grounding of electrical equipment.
3. Remote workplace is free of any obstructions that could restrict visibility and movement.

## Additional Terms of Remote Work Arrangement

### Security of Data

The employee will apply approved safeguards to protect UCF data from unauthorized disclosure or damage and will comply with UCF Policy 2-100.3, *Florida Public Records Act – Scope and Compliance*. Work performed at the remote workplace is considered official UCF business. All records, papers, and correspondence must be safeguarded for their return to the official location. Release or destruction of any records should only be done at the central workplace according to statute and regulation. Computerized files are considered official records and shall be similarly protected. See UCF Policy, 4-008, *Data Classification and Protection*.

### Liability

UCF will not be liable for damage to the employee's property or changes in taxation requirements that results from participation in the UCF Remote Work Arrangement Program.

### Curtailment of the Arrangement

The employee may terminate participation in the Remote Work Arrangement Program. The university reserves the right to terminate or adjust this Remote Work Arrangement or workplace schedule at any time. The employee agrees to limit performance of officially assigned duties to the official work location or to the UCF approved remote work location. Failure to comply with this provision may result in termination of the Remote Work Arrangement and/or other appropriate disciplinary action.

### Employee Acknowledgement

I request approval to participate in the UCF Remote Work Arrangement Program and agree to adhere to all applicable program guidelines and policies. **I acknowledge that I have read, understand, and agree to abide by this Remote Work Arrangement, the UCF Remote Work Arrangement Program Manual, and UCF Policy EP-20-6, Remote Work Arrangements.**

Employee Signature:

Date:

## Supervisor Survey

Please mark the checkbox to confirm each item is met.

YES. Job duties can be performed fully or partially remotely.

YES. 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.

YES. Employee confirmed appropriate remote space, equipment, telephone, and internet access.

YES. Employee confirmed that remote work will not create an information security risk.

YES. Employee has demonstrated basic necessary job performance.

YES. Supervisor can provide adequate supervision and accountability for the remote work.

Supervisor Signature:

Date:

## Approval

Dean, Director, Department Head or Designee:

Signature:

Date:

**For Exceptions Only - Provost or Vice President:**

Signature:

Date:

**Signatures may be written or provided electronically.**  
**Completed forms should be retained in the division or college office.**  
**Questions regarding this form should be directed to [loandworkcomp@ucf.edu](mailto:loandworkcomp@ucf.edu).**