



### Remote Work Arrangement Request

#### Section I - Employee Information

<input type="checkbox"/> NEW remote work arrangement request	<input type="checkbox"/> Renewal or extension request
<input type="checkbox"/> Change request	<input type="checkbox"/> Terminate participation
<b>Employee Name:</b>	
<b>Employee ID:</b>	<b>Employee Classification:</b> <input type="checkbox"/> A&P <input type="checkbox"/> USPS <input type="checkbox"/> Faculty <input type="checkbox"/> Other
<b>Division/College:</b>	
<b>Department:</b>	
<b>Current Position Title:</b>	
<b>Central Workplace:</b>	
<b>Duration (<i>maximum one year</i>):</b> Begin Date _____ End Date _____	
<b>Remote Workplace:</b>	
<b>Supervisor Name:</b>	

#### Proposed Remote Work Schedule

Day	Hours at Central Workplace	Hours at Remote Workplace	Total Hours
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

#### Section II - Supervisor Survey

	Y/N
Job duties can be performed fully or partially remotely.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employee has appropriate remote space, equipment, telephone, and internet access.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employee can ensure that remote work will not create an information security risk.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employee has demonstrated basic necessary job performance.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Supervisor can provide adequate supervision and accountability for the remote work.	<input type="checkbox"/> Yes <input type="checkbox"/> No

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

<b>Section III - Safety Checklist</b>		Y/N
<i>The following safety features must be verified by employee at remote workplace listed above:</i>		
Temperature, ventilation, lighting, and noise levels are adequate for maintaining a work location.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Electrical equipment is free of recognized hazards that could cause physical harm and electrical system allows for grounding of electrical equipment.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Remote workplace is free of any obstructions that could restrict visibility and movement.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

## 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.

### Curtailement 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

### Approval

\_\_\_\_\_  
Dean, Director, Department Head, or Designee Signature

\_\_\_\_\_  
Date

### For Exceptions Only

\_\_\_\_\_  
Provost or Vice President

\_\_\_\_\_  
Date

Signatures may be written or provided electronically.

Please forward the completed form to the Human Resources Leave of Absence Section for final review and processing via email ([loaandworkcomp@ucf.edu](mailto:loaandworkcomp@ucf.edu)) or secure eFax (407-882-9023). Changes or discontinuation of the arrangement must also be submitted to Human Resources.