

**Remote Work Statement of Expectations**

Employee’s Name (print):

Employee ID:

Remote Work Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of First Scheduled Remote Work Day:

Anticipated Remote Work Schedule:

Intermittent or Irregular

1 Day/Week

2 Days/Week

3 Days/Week

4 Days/Week

5 Days/Week

Work responsibility exception (must be initialed by cabinet representative): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**I have read, understand, and agree to comply with the Remote Work Policy. Specifically:**

* **I acknowledge that Remote Work arrangements must be recertified annually, may be discontinued by the College at any time, and do not affect the existing at-will employment relationship between Employee and the College.**
* **I understand that I am responsible for establishing and maintaining safe and healthy working conditions in the off-site workspace and for safeguarding College equipment, supplies, materials, records, and information.**
* **I understand that my duties, obligations, and responsibilities, as outlined in my job description, and conditions of employment with the College remain unchanged, except those obligations and responsibilities specifically addressed in this agreement. Job responsibilities, standards of performance, and performance reviews remain the same as if working on campus. My supervisor reserves the right to assign work as necessary while I am working remotely.**
* **In the event of revocation of the Remote Work Arrangement or termination of employment with the College, I agree to return College-owned equipment, materials, records, and information within seven (7) days of the cancellation/termination.**

Employee Signature and Date*:* \_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Signature and Date***:* \_\_\_\_\_\_\_\_\_\_\_\_**

Cabinet Signature and Date*: ­\_\_\_\_\_\_\_\_\_\_\_\_*

President Signature and Date***: \_\_\_\_\_\_\_\_\_\_\_\_***

***Please send this signed agreement to human resources. The employee and the supervisor should each keep a copy of this agreement for future reference.***