



Employee Name: _____
Job Title: _____
Supervisor Name: _____
Proposed Start Date: _____

USS or UPS: _____
Department: _____
FLSA Status: _____
Proposed End Date: _____

Please write your Remote Work proposal using the outline below, and discuss with your supervisor. Remote Work agreements are at the discretion of the University and approval to participate may be granted when outcomes are in the best interest of the employee and the University. If fully approved, this proposal will become the Remote Work agreement.

I propose the following Remote Work arrangement:

1. Where do you propose to work (*home, alternate site*)?
2. What is your requested schedule (*days and hours on campus? at alternative worksite office*)?

	Work Hours On-Campus	Remote Work Hours	Lunch
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

3. When necessary, are you able to adjust your Remote Work schedule? If no, why not?
4. Describe how you will communicate with your supervisor, department, and others:
5. Briefly describe how the work will be performed and how the quality and quantity of work will be evaluated. What measures will be used to determine that the agreement is working successfully for the unit?
6. Provide any additional rationale or considerations for this Remote Work proposal:

7. Describe any other terms or conditions that apply to this Remote Work arrangement.

EMPLOYEE AGREEMENT AND ACKNOWLEDGEMENT

I have read, understand, and will comply with all of the terms and conditions of the Remote Work Guidelines set forth in the Remote Work Business Practice, which are incorporated herein by reference, and this Remote Work Proposal. I further agree and acknowledge that the University retains complete discretion as to whether or not it will approve this Proposal, and that in any event I remain responsible for complying with all other terms and conditions of my employment, job responsibilities and duties, KBOR and FHSU rules, regulations, policies, and procedures, and all other applicable laws and regulations concerning my employment.

Employee Signature

Date

UNIVERSITY APPROVALS

Supervisor Signature

Date

Vice President Signature

Date

Human Resource Director Signature

Date

Revised 04/02/2021