



Remote Working Agreement

I have read and understand the attached Remote Working Guidelines, and I agree to the duties, obligations, responsibilities and conditions for remote workers described in the document. I agree that, among other things, I am responsible for establishing specific remote work hours, furnishing and maintaining my remote workspace in a safe manner, employing appropriate remote work security measures and protecting confidential information and systems. I also have completed the Remote Work Assessment Form.

Employee Signature

Date

Remote Work Assessment Form

Remote Worker

Employee Name: _____

Employee Job Title: _____

Employee Department: _____

Employee Supervisor: _____

Remote Work Location

Address: _____

Phone Number: _____

Description of workspace: _____

Assets

College assets to be used at work location: _____

Will employee also maintain an on-campus workspace: _____

Remote Work Schedule: _____

Approved by (sign & date):

Department Director

Date

Executive Administrator

Date

Vice President of IT

Date

Director of HR

Date