

## I. General Remote Work Arrangement

- 2. This Agreement begins on and continues until and may be renewed if determined beneficial to the University. This Agreement may be modified or canceled in accordance with the terms and conditions of the Remote Work policy.
- 3. The following conditions apply:
  - a. The employee's remote work schedule is [specify days and hours. If it varies, please include those details].

| Days and Hours at Remote Work Site | Physical Address of Remote Work Site |
|------------------------------------|--------------------------------------|
|                                    |                                      |
|                                    |                                      |
|                                    |                                      |
|                                    |                                      |
|                                    |                                      |
|                                    |                                      |
|                                    |                                      |

| Days and Hours at UofL Location | Physical Address of UofL Location |  |
|---------------------------------|-----------------------------------|--|
|                                 |                                   |  |
|                                 |                                   |  |
|                                 |                                   |  |
|                                 |                                   |  |
|                                 |                                   |  |
|                                 |                                   |  |
|                                 |                                   |  |

Additional Modifications/Information:

b. In the event the employee moves, the employee is responsible for notifying the supervisor to request a modification to the existing Agreement and ensure that all applicable personnel and state tax related forms with the University are completed.

c. The employee's regular remote work site phone number is \_\_\_\_\_\_.

4. The parties acknowledge that this Agreement will be evaluated on an ongoing basis to ensure that the employee's work quality, efficiency, and productivity are not compromised by the remote work arrangement.

## II. Equipment Inventory Log at Remote Work Site

| Equipment Type | Serial or Bar Code |
|----------------|--------------------|
|                |                    |
|                |                    |
|                |                    |
|                |                    |
|                |                    |
|                |                    |
|                |                    |

Notify Inventory Control contact info

## **III. Employee Attestation**

The employee must comply with all terms and conditions outlined in the Remote Work policy PER 4.24 and this Agreement. Failure of the employee to comply with these terms and conditions will result in the termination of such Agreement and may result in other disciplinary action up to and including termination of employment.

I certify the remote work schedule listed in 3a. above accurately reflects the days and hours that I work at the remote work site and the physical location of the remote work site. I certify that the equipment listed in the Inventory Log of **section II** above has been issued to me by the University and received in good working condition.

I have read, understand, and will comply with all terms and conditions of and related to the Remote work policy PER 4.24 and this Agreement. I hereby affirm by my signature that I have read the Remote Work policy PER-xxx and this Agreement and understand and agree to abide by all applicable University policies and procedures and provisions of this Agreement.

Employee Name and Title (printed)

**Employee Signature** 

Date Signed

**IV. Department Determination** 

\_\_\_\_\_ Approve

\_\_\_\_\_ Approve with Changes (explain):

\_ Not Approved (explain):

Supervisor Name (printed)

Supervisor Signature

Date Signed

Second Line Supervisor Name

Second Line Supervisor Signature

Date Signed

VP, Dean or Vice Provost signature is *only required if initial request is <u>not approved</u> by supervisors. VP, Dean or Vice Provost decision is <u>final</u>.* 

\_\_\_\_\_ Approve

\_\_\_\_\_ Approve with Changes (explain):

\_\_\_\_\_ Not Approved (explain):

VP, Dean, Vice Provost Name

VP, Dean, Vice Provost Signature

Date Signed

File and retain a copy of the signed Agreement within the department throughout the duration of employee's employment. The employee and the supervisor should also keep a copy of this Agreement for future reference.