

# Sample Remote Work Request Agreement

Employee name: \_\_\_\_\_

Supervisor name: \_\_\_\_\_

Department: \_\_\_\_\_

Effective dates From: \_\_\_\_\_ To: \_\_\_\_\_

1. The University of Maine System and I agree I may work remotely to perform portions of my assigned duties remotely.

\*Remote work location: \_\_\_\_\_

Tel at remote location: \_\_\_\_\_

Number of days remote per week: \_\_\_\_\_

*Circle all days that apply:*

Monday    Tuesday    Wednesday    Thursday    Friday    Saturday    Sunday

Will these be regular days each week?     Yes     No

Number of hours remote per day: \_\_\_\_\_

Core working hours on those days: \_\_\_\_\_

\*If the location from which an Employee proposes to remote work is in a different state from Maine, all of the employment-related laws for that state must be reviewed when determining whether a remote work arrangement is appropriate. The proposed location also must be reviewed and approved by the University of Maine System's Human Resources Office to ensure that the proposed location will not give rise to unanticipated or burdensome tax obligations.

1. For hourly employees, advance supervisor approval is required if remote work will result in the employee working more than 40 hours in a week. (Does not apply to salaried UMPSA staff)
2. I will be accessible by telephone and other approved technologies.
3. I understand that remote work is a mutually agreed upon work option between my supervisor and me. There may be times when my supervisor may require me to work in the office on days that I would normally remote work, for which my supervisor will provide advance notice when possible.
4. I understand that the duties, responsibilities, and conditions of my employment and my salary and benefits remain unchanged.

5. My supervisor and I have reviewed the requirement to protect covered data, including personally identifiable information. \_\_\_\_\_ Yes \_\_\_\_\_ Not Applicable
  
6. I have been provided with the following University-owned equipment, for which I am responsible *(list equipment here:*

All University equipment will be used solely by myself for work-related matters. I will return all equipment within two days of termination of this agreement. I will delete any software and/or data provided for remote work from my personal home computer upon termination of this agreement.

7. I acknowledge that the University is not responsible for damage, repairs, or maintenance to equipment I own that I use while remote work.
8. Any technology resources and support provided by the University for my use while working remotely may be billed to my department.
9. I agree to designate a workspace for the purpose of remote work. I will maintain this workspace in a safe condition, free from hazards and other dangers to me and University equipment.

I understand that I am responsible for providing a safe and ergonomically appropriate workstation to protect myself and maximize my productivity. I have access to information from the University to help me maintain a safe work area in my home.

10. I understand that I continue to be covered by Workers' Compensation insurance when remote work for an injury that arises out of and in the course of University-approved work. I will immediately report any work-related injury to my supervisor and other designated officials responsible for Workers' Compensation claims.

I understand that the University is not liable for injuries to third parties and/or members of my family on the premises, unless caused by a negligent act or omission by the University. I understand that I should consider having adequate liability insurance to cover injuries to others that occur on the premises.

11. Any tax or personal insurance implications related to my work at home shall be my responsibility.
12. I will notify my supervisor in advance and enter leave time appropriately in Mainstreet when I need to use annual leave or disability leave for a period when I would normally remote work.
13. I have the right to terminate my participation in this Agreement at any time with reasonable notice provided. I understand that this Agreement is subject to periodic review to ensure that it meets the work demands of my position and the needs of the University and may be rescinded at any time in the sole discretion of the University with reasonable notice provided.

14. I have received and I accept my responsibilities described in the “Checklist for Protection of ‘Covered Data’” and “Remote Work Guidelines for Employees”.

Employee’s signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor’s signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department head’s signature: \_\_\_\_\_ Date: \_\_\_\_\_

cc: Personnel File

The supervisor forwards a copy of the signed Agreement to Human Resources to be placed in the employee’s Personnel File.