# 

# Staff Remote Work Agreement

Employee Name:

Job Title:

Department:

Supervisor:

Remote Work Requested (check all that apply)  Regular  Ad Hoc

If regular, specify remote days requested

***Section 1 – To be Completed by Employee***

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| 1. Does the work require daily face-to-face contact with a supervisor, other employees, students and/or members of the University community or the public? |  |  |
| 1. Does the work require routine access to information or materials that are available only at the regularly assigned place of employment? |  |  |
| 1. Can job functions be performed at a remote site without diminishing quality or productivity of a unit? |  |  |
| 1. Is the employee’s presence required at the regularly assigned place of employment on a routine basis? |  |  |
| 1. Does the position have an emphasis on the electronic production and/or exchange of information by means of technology? |  |  |
| 1. Does the work involve measurable or quantifiable work product? |  |  |
| 1. Are there specialized materials or equipment available only at the regularly assigned work site? |  |  |
| 1. Does the work require direct handling of secure information that requires on site presence? |  |  |
| 1. Can this work be accomplished via a regular remote and/or ad hoc schedule? |  |  |
| 1. Do you require any new office equipment: hardware, software, communication needs and office supplies needed to participate in telecommuting from a remote work site? **If yes, detail your needs below:** |  |  |

***Section 2 - To be Completed by Supervisor***

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| 1. Do you agree with the answers to the questions above? |  |  |
| 1. Does the employee have the ability to successfully organize, manage time and work independently? |  |  |
| 1. Does the employee have at least a satisfactory work performance rating? |  |  |
| 1. Does the employee have a thorough knowledge and understanding of their job functions? |  |  |
| 1. Has the employee had prior discipline within a two-year period? |  |  |
| 1. Will approval of this agreement shift job duties to another employee or change the duties of this position? |  |  |
| 1. Is approval of this agreement in the best interest of the University? |  |  |
| 1. Do you agree with and have the resources to fund the technology requests detailed in section 1.10, above? |  |  |
| 1. Anticipated start date: |  |  |
| 1. If regular remote, list days to be worked remotely (schedule to be established by supervisor and approved by cabinet level supervisor): |  |  |

***Section 3 - The following constitutes an agreement on the terms and conditions of the staff remote work arrangement, as required in the Staff Remote Work Policy, between the University and employee*.**

By signing this form, I acknowledge that:

I have read and understand the provisions of Slippery Rock University of Pennsylvania’s Staff Telecommuting Policy and agree to abide by the requirements set forth therein;

Performance expectations have been defined and are clearly understood; and

I specifically acknowledge that the University may terminate the remote work agreement at any time and that remote work is not an employee right or guaranteed employee benefit.

# Employee Signature:       Date:

**APPROVALS:**

Supervisor:       Date:

Senior Manager:       Date:

Cabinet Level Supervisor:       Date:

c: Human Resources

Information and Administrative Technology Services (IATS)