

## SIUE Remote Work Agreement

Employee Name and 800# ID \_\_\_\_\_

Department \_\_\_\_\_

Title \_\_\_\_\_

Director Name \_\_\_\_\_

Supervisor Name \_\_\_\_\_

This Agreement is effective from \_\_\_\_\_ through \_\_\_\_\_.

Employee understands and agrees to the conditions outlined in the Remote-Work Guidelines.

### Description of Remote Work Arrangement:

Employee will work remotely away from the office \_\_\_\_full-time or \_\_\_\_part-time.

Remote Location Address: \_\_\_\_\_

Day	Schedule at university office location	Schedule at remote location	Required On-ground Meetings	Required Virtual Meetings
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
<b>Equipment and Supplies Needed for Working Remotely</b>				
Items	Department will Provide	Employee will Provide		

Specific Supervisor Expectations Regarding Work Outcomes (e.g., accessibility/communication patterns, workflow, etc.) [See attached]

If applicable, Required Meetings (Virtual or On-ground) That Must Be Attended [See schedule]

Description of the Work Environment including Work Space and Required Equipment (both Personally Owned and/or University Provided) and Supplies (Paper, Toner, etc.). No furniture or home office renovations will be provided by SIUE. Consistent with the University's expectations for information security that pertain to employees working on-site, remote work employees will be expected to ensure the protection of University information accessible from their home office. Steps include, but are not limited to, use of locked file cabinets, regular password maintenance, Virtual Private Network (VPN), and any other steps appropriate for the job and the environment.

Attestation statements

- A. I have read the SIUE Remote Work Guidelines, the SIU System Remote Work Policy, and am familiar with the State Officials and Employees Ethics Act requirements and will adhere to these requirements while working remotely.
- B. I realize accrual of leave benefits and requests for sick leave and vacation usage will follow the same policies and procedures as those used at the on-site work location.
- C. I will not be responsible for child care or adult care during working hours indicated in the schedule above.
- D. I realize the remote work agreement can be discontinued with advance notice at any time.
- E. I realize an employee working under an approved remote work agreement may also be temporarily assigned full-time to their office location under certain circumstances.

Questions related to remote work should be directed to supervisors first and, if necessary, to Human Resources at (618) 650-2102.

\_\_\_\_\_  
Agreed: Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Recommended: Immediate Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Recommended: Dept. Chair or Dean/Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approved: Vice Chancellor Level

\_\_\_\_\_  
Date

Return the completed form to Human Resources, Campus Box 1040.

\_\_\_\_\_  
Approved: Human Resources Director

\_\_\_\_\_  
Date