EMPLOYEE REMOTE WORK ARRANGEMENT

This optional form has been created to memorialize the understanding of the remote work arrangement in writing. It is intended to ensure that both the Leader and the Employee have a clear understanding of the Employee remote work arrangement. Each remote work situation is unique, depending on the needs of the position, Leader, and Employee. This form can be adapted to unit requirements as necessary.

1. Is this request for (all) remote work to be completed inside the state of Kansas? ◯ Yes ◯ No*
   ***If no, this is not the correct form, please utilize the EMPLOYEE REMOTE WORK REQUEST**.*
2. ◯ New request ◯ Modification to existing request ◯ Extension of previous request
3. Request for Remote Work to be: ◯ Temporary ◯ Permanent
4. Type of remote work arrangement: ◯ Occasional ◯ Temporary ◯ Regular

Remote Work Employee Information:

1. Employee Name and WSUID: _____
2. Job Title: _____
3. Workload (FTE): ◯ up to .25 (1-10 hrs) ◯ up to .50 (1-20 hrs)
   ◯ up to .75 (1-32 hrs) ◯ 1.0 (40+ hrs)
4. FLSA Status: ◯ Exempt ◯ Non-Exempt
5. Department: _____
6. Leader: _____
7. Assigned Work Site (prior to remote work): _____
8. Requested Alternate Work Location: _____
9. Remote work start date: _____
10. Remote work end date (or anticipated): _____

Remote Work Review:

Remote work arrangements are to be reviewed prior to the anticipated end of remote work if extending and/or once annually. Ad-hoc modification(s) to this arrangement should be documented and discussed between the Employee and Leader. Long-term or substantial modifications should be documented through a revised arrangement.

Remote Work Arrangement Review Date: _____

Job Duties and Work Schedule:

Day of the Week	Work Hours	Work Location (Alternate or WSU)
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

Describe if there are required on-site job duties and/or expectations (i.e., travel, on- site/off-site meetings, training participation, etc.), specify them in the box below, or enter N/A.

Briefly describe expectations of when and how the remote work will be performed (i.e. - communication methods, how work productivity and quality will be evaluated, establishment of the Employee's work schedule (if is the work schedule is not consistent or established, then that can be indicated below), and how absence requests will be managed for approval).

Identify any information security expectations (i.e., compliance with software licensing, virus protection, data security measures, confidentiality of University records (how maintained/stored, etc.)

Share any expectations that leader has for troubleshooting and problem solving, maintaining team participation and visibility, identify if there are regular required meetings (team/one-on-one) on site or via Microsoft teams/zoom or other technology.

Space, Equipment, and Technology Access:

The Employee and Leader agree to work together to ensure that the alternate worksite is safe, free from distractions, is conducive to maintain appropriate confidentiality of records and information, and is not a substitute for dependent care. The Employee must have access to a quiet, remote space to perform work and have access to a secure, high speed internet connection. The Employee agrees to immediately report any job-related accidents that occur during established working hours to facilitate timely reporting to Kansas Department of Health and Environment and State Self- Insurance Fund.

Below, specify any equipment and/or technology access the Employee will need to work remotely. In the event of equipment failure or service interruption, the Employee must notify the Leader immediately. Responsibility of replacement due to failure or loss will be subject to review based upon the nature of the circumstances identified. Commonly utilized office supplies will be provided by the Unit as needed. Employee's out-of-pocket expense for other supplies will not be reimbursed unless by prior approval of the Leader. Equipment provided by the Unit remains University property.

Equipment	Issued/Provided by	Date Provided

Describe any expectation of need and use of equipment (i.e., what level of support will be provided by the department such as office furniture, paper, mailing/shipping funds, office supplies, computer, printer, phone, internet, or remote access service and devices as well as expectations of University provided equipment (i.e. "University laptop and hotspot shall be used for all work performed – no personal computers," "Employee shall use personal printer but may submit request for reimbursement of costs incurred for printer paper and toner with valid receipt and as long as submitted within ten (10) days of purchase," etc.)

Policy and Procedure Acknowledgement:

Acknowledgement	Leader Initials	Employee Initials
I have read and understand the Remote Work Arrangement Form.		
I have reviewed and understand my job duties during my remote work assignment.		
I have reviewed and understand all University timekeeping requirements and understand that if I am paid hourly, I will be subject to the Fair Labor Standards Act for any time worked over 40 hours that occur within the work week.		

Employee Signature_____ **Date:**_____

Leader Signature_____ **Date:**_____

After the Employee and Leader have signed, a copy should be provided to the employee and the original form is to be retained within the department.

NOTE: This request is not a contract of employment and does not provide any contractual rights to continued employment. It does not alter or supersede the terms of the existing employment relationship. All Wichita State University policies and procedures continue to apply. All remote work arrangements must receive prior approval and are not effective until all required levels of leadership have signed this form.