



Combined UofL and A&S Remote Work Agreement

Employee Name: _____

Position Title: _____

UofL I.D. _____

Date of Hire: _____

I. ELIGIBILITY FOR REMOTE WORK (from Remote Work Policy PER 4.24)

This agreement contains all key provisions of the UofL Agreement and establishes the terms and conditions for performing work at an alternate work site on a regular basis (e.g., on the same day every week or some routine basis). The supervisor and employee must initial all conditions of eligibility below.

a. The Position:

01. _____ has job functions that can be performed at a remote work site without compromising the confidentiality, efficiency, or quality of the work or disrupting the productivity of a unit;
02. _____ does not require an employee's physical presence at the regularly assigned place of employment on a daily or routine basis;
03. _____ allows for an employee to be as effectively supervised as if the employee performed the job functions at the regularly assigned place of employment;
04. _____ has minimal need for in person/on-site interaction or collaboration;
05. _____ has an emphasis on the electronic production and/or exchange of information by means of computers, scanners, or phones;
06. _____ involves quantifiable work product; and
07. _____ has minimal or flexible need for specialized materials or equipment available only at the regularly assigned place of employment

b. The Employee:

- 01. _____ has thorough knowledge and understanding of their job duties and the equipment required for the remote work arrangement;
- 02. _____ has access to a remote work site that is safe from hazards and free from interruptions that interfere with the employee’s ability to perform assigned job duties; and
- 03. _____ has appropriate safeguards to protect all sensitive and confidential information in accordance with the university’s information security and technology policies.

II. SCHEDULE, PLAN, IMPACT, DURATION

- a. The remote work schedule is as follows **(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:

- 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.
- The employee's regular remote work site phone number is _____
On remote days, the employee's office phone must be forwarded to this number.
- 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.

b. What is the plan and expectations for communication, remote work, and remote supervision?

c. Potential impact on students, faculty, and other staff:

d. How will any potential impact on students, faculty, and staff be mitigated?

e. The agreement duration is (no more than one full academic term, *i.e.*, fall semester, spring semester, or summer term)

f. Each unit is required to have one day each week when all staff work together on site. What weekday is this unit's all-on-site day?

III. EQUIPMENT INVENTORY LOG AT REMOTE SITE

Equipment Type	Serial or Bar Code

Remote workers must adhere to PER 4.24 stipulations concerning “E. Equipment and Supplies Terms and Conditions” and “F. University Record and Data Maintenance.” According to this policy, employees using a non-university computer to work remotely with sensitive information as listed below are required to have that computer added to the university active directory by bringing it to A&S IT for compatibility assessment. Non-university MacIntosh computers must also have third party anti-virus software, an up-to-date operating system, and file vault encryption. Computers that do not meet these requirements may not be used for remote work by employees accessing the Workday system, financial data, or information subject to HIPAA or FERPA regulations. Questions should be directed to astech@louisville.

IV. IF A CONTINUATION OF A PRIOR TERM’S AGREEMENT

- a. Was the remote work arrangement in the prior term successful?

- b. Please note any negative impacts that occurred during the prior term and describe plans for improvements or adjustments to the agreement:

V. IF REMOTE WORK REQUEST IS DENIED

Supervisor’s explanation for denial of remote work:

VI. 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 2a. 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-4.24 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

VII. DEPARTMENT DETERMINATION

_____ Approve

_____ Approve with changes (explain):

_____ Not approved

Supervisor Name (printed)

Supervisor Signature

Date Signed

Second Line Supervisor Name (printed)

Second Line Supervisor Signature

Date Signed

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

_____ Approve

_____ Approve with changes (explain):

_____ Not approved (explain):

VP, Dean, Vice Provost Name (printed)

VP, Dean, Vice Provost Name 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.