



HUMAN RESOURCES

**Oklahoma State University
Remote Work Agreement Form**

This document is intended to ensure both supervisor and employee have a clear, shared understanding of the employee’s ongoing Remote Work Agreement. Each arrangement is unique depending on the needs of the employee, supervisor, position, department, and the university. This agreement is not a contract and does not provide contractual rights to continued employment or to satellite work location. It does not alter or supersede the terms and conditions of employment of the current employment agreement.

EMPLOYEE REMOTE WORK LOCATION INFORMATION:

Employee Name:	
Employee Campus-Wide ID:	
Position Number and Job Title:	
Department:	
Department Organization Number:	
Campus or Facility Location: (Primary Location)	
Campus or Facility Location Address: (Primary Location)	
Supervisor:	
Requested By:	
Address of the Satellite Work Location:	
Remote Working Start Date:	
Remote Working End Date:	

JOB DUTIES AND SUPERVISOR REVIEW

The general expectation for a Remote Work arrangement at a satellite work location is that the employee will effectively accomplish their regular job duties regardless of where they are located. If there are specific job duties and/or expectations that may require the employee to be away from the satellite work location during scheduled remote work (i.e., travel, on-site/off-site meeting, and training participation), specify in the box below or enter N/A.

Briefly describe the plan that will be put in place on how work productivity and quality will be evaluated, how the **employee's** work schedule will be managed, and how absence requests will be managed for approval.

Outline any operating costs, location expenses, or equipment shipping costs that have been agreed to be paid or not paid by the department and/or university.

WORK SCHEDULE AND LOCATION

Please provide your typical work schedule with an understanding that schedule variations may occur. Faculty schedules may not be easily captured in the “Work Hours” section and details may be added in “Notes” below.

• • Hybrid (Partially Remote 1-3 days per week)

DAY OF THE WEEK	WORK HOURS	WORK LOCATION
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

Meal Break from _____ to _____

Notes about work schedule:

Please note, the employee must work the equivalent of their FTE (1.0 FTE = 40 hours). Also, it is expected the employee will take no less than a 30-minute meal break during the course of the day. This time should be designated above.

REMOTE WORK ARRANGEMENT MODIFICATION

Either the employee or the university may end the Remote Work arrangement. The employee will be expected to report to the principal location of work at the time the agreement ends (unless extended) or within 5 business days from the date the notice was provided that the agreement has been terminated early. All employee-proposed changes to an existing agreement are subject to department and/or university approval.

REMOTE WORK REVIEW

Remote Work agreements are to be reviewed annually (at minimum). Changes to the agreement should be documented and reviewed by the employee and supervisor. Long-term or substantial modifications should be documented through a revised agreement. Should the employee move from the designated address of the satellite work location, they will immediately notify the supervisor who will ensure the agreement is modified and reviewed as appropriate.

SPACE, EQUIPMENT AND TECHNOLOGY ACCESS

The employee and supervisor agree to work together to ensure that the Remote Work location is safe, ergonomically suitable, free from distractions, and allows for maintaining appropriate confidentiality of records and information. The employee agrees to immediately report any job-related accidents occurring during established work hours in accordance with university procedures. Any specific equipment needed at the Remote Work location should be outlined on the [Memorandum of Agreement OSU Equipment Checkout for University Business at Non-University Location Form](#). All information technology guidelines should be followed to ensure the safety and security of data. In the event of equipment failure or service interruption, the employee should notify the [IT Help Desk](#) immediately.

POLICY AND PROCEDURE ACKNOWLEDGEMENT POLICY ACKNOWLEDGEMENTS	EMPLOYEE INITIALS	SUPERVISOR INITIALS
I have read and understand the Intellectual Property Policy, 1-0202 .		
I have read and understand the Appropriate Use Policy, 3-0601 .		
I have reviewed and understand my departmental time and leave reporting requirements.		

Employee Signature _____

Date: _____

Supervisor Signature _____

Date: _____

Please return a complete form to your supervisor and OSU Human Resources.

**All out-of-state requests for remote work involving international employees require additional review by University Human Resources.*