

KANSAS 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 Email:	
Position Number and Job Title:	
Department Number:	
Department Description:	
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 indicate whether you are moving to 100 % remote or a partially remote (hybrid, such as one or two days per week and/or part of each workday) and 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.

100% Remote Partially Remote (hybrid)

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

Notes about work schedule:

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 10 business days from the date the notice was provided that 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). Modifications 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.

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 to facilitate timely reporting to the State Self Insurance Fund. Any specific equipment needed at the Remote Work location should be outlined on the KSU Department Equipment Inventory Form and Agreement. 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 KSU IT Help Desk immediately at helpdesk@k-state.edu.

POLICY AND PROCEDURE ACKNOWLEDGEMENT

POLICY ACKNOWLEDGEMENTS	EMPLOYEE INITIALS	SUPERVISOR INITIALS
I have read and understand the University Remote Work policy .		
I have read and understand the University Intellectual Property policy .		
I have read and understand the University Information Technology policy .		
I have reviewed and understand the University time and leaving reporting requirements .		
I have read and understand other referenced policies associated with Remote Work.		

Employee Signature _____ Date: _____

Supervisor Signature _____ Date: _____

Department Head Signature _____ Date: _____

Dean/Cabinet Member Signature _____ Date: _____

Please return a complete form to your supervisor, department HCS Liaison and Human Capital Services ImageNow email address hrimaging@ksu.edu.