

## Remote Work Arrangement Request

Section I - Employee Information	
<input type="checkbox"/> NEW remote work arrangement request <input type="checkbox"/> Renewal or extension request <input type="checkbox"/> Change request <input type="checkbox"/> Terminate participation	
<b>Employee Name:</b>	
<b>Employee ID:</b>	<b>Employee Classification:</b> <input type="checkbox"/> Staff <input type="checkbox"/> Administrator <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
<b>Division/College:</b>	
<b>Department:</b>	
<b>Current Position Title:</b>	
<b>University Workplace:</b>	
<b>Duration (<i>maximum one year</i>):</b> Begin Date _____ End Date _____	
<b>Remote Workplace:</b>	
<b>Supervisor Name:</b>	

Proposed Remote Work Schedule			
Day	Hours at University Workplace	Hours at Remote Workplace	Total Hours
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Section II - Supervisor Survey	Y/N
Job duties can be performed fully or partially remotely.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Supervisor has discussed with the employee what job duties are to be performed remotely and planned for any duties that must be performed on site.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employee has appropriate remote space, equipment, telephone, and internet access.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employee can ensure that remote work will not create an information security risk.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employee has demonstrated basic necessary job performance.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Supervisor can provide adequate supervision and accountability for the remote work.	<input type="checkbox"/> Yes <input type="checkbox"/> No

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

<b>Section III - Safety Checklist</b>	Y/N
<i>The following safety features must be verified by employee at remote workplace listed above:</i>	
Temperature, ventilation, lighting, and noise levels are adequate for maintaining an appropriate work location.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Electrical equipment is free of recognized hazards that could cause physical harm and electrical system allows for grounding of electrical equipment.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Remote workplace is free of any obstructions that could restrict visibility and movement.	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Additional Terms of Remote Work Arrangement**

**Security of Data**

The employee will apply approved safeguards to protect university data from unauthorized disclosure or damage and will comply with university policies. Work performed at the remote workplace is considered official Capital University business. All records, papers, and correspondence must be safeguarded for their return to the official location. Release or destruction of any records should only be done at the university workplace. Computerized files are considered official records and shall be similarly protected. See the University's Data Security and Classification Policy.

**Liability**

Capital will not be liable for damage to the employee's property or changes in taxation requirements that results from participation in a Capital Remote Work Arrangement. Employee agrees to maintain and safe work environment and will hold Capital harmless for injury to any other individual at the remote work site, except if that individual is a Capital employee who is present at the remote work site at Capital's direction.

**Curtailement of the Arrangement**

Remote work arrangement are not a right or entitlement of employment. The employee may request to terminate participation in a Remote Work Arrangement, and the University reserves the right to terminate or adjust this Remote Work Arrangement or workplace schedule at any time.

**Employee Acknowledgment**

I request approval of this Remote Work Arrangement Agreement and **I acknowledge that I have read, understand, and agree to abide by this Remote Work Arrangement and the terms outlined in Capital's Remote Work Arrangement Policy.** I understand that all terms and conditions of my employment remain unchanged except those specifically addressed in this agreement.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**REQUIRED APPROVAL SIGNATURES:**

\_\_\_\_\_  
Divisional Vice President Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Human Resources Director

\_\_\_\_\_  
Date

Signatures may be written or provided electronically.

Please forward the completed form to the Human Resources for processing via email ([hr@capital.edu](mailto:hr@capital.edu)). Changes or discontinuation of the arrangement must also be submitted to Human Resources.