



TEMPORARY REMOTE WORK AGREEMENT FORM

Employee Information:

Employee Name	Primary Contact Phone Number
Department	Title

Equipment Issued for Remote Work:

Inventory Number	Department Code	Item Description

Work Plan and Expectations During Remote Work:

Please provide a brief description of work plan related to employee’s job duties to be performed during remote work:

Remote Work Agreement Statement:

Equipment Issued for Remote Work - Individual taking equipment understands and agrees that he/she is accepting financial responsibility in reimbursing the University for the replacement cost of the equipment issued in the event of loss or damage.

I hereby affirm by my signature that I agree to the terms of this Temporary Remote Work Agreement and Temporary Remote Work Policy & Expectations. I also understand and agree that the University at its sole discretion may withdraw the opportunity to work remotely at any time.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Department Head: _____ Date: _____