*Remote/Alternative Work Location Agreement*

Teaching and Technology has established unit policies in line with the university’s acceptable practices. Remote, alternative location is an exception that is justifiable under two circumstances:

* Conditions external to the University, medical, or physical, that prohibit or limit the common space dictum.
* Conditions or circumstances associated with work assignment that conclusively supports the thesis that the alternative location provides greater efficiency and a net gain for University productivity.

In the second situation above it should be recognized that the effective management of alternative location activity presents unique challenges not present in common space conditions. TNT Divisions/Units should adhere to (at a minimum) the UF guidelines when managing “alternative locations.”

Below are the conditions for working at a remote location agreed upon by the employee, their supervisor and the Associate Provost for the Office of Teaching and Technology. These parameters must include:

|  |  |
| --- | --- |
| Expected Work schedule (if working fewer hours than FTE, hours will be covered by leave or leave without pay) | *Example: M-F 8-5 (hour lunch) 40 hrs/wk* |
| Protocol for checking in (daily at a minimum) | *Example: email/TEAMS throughout the day* |
| Contact information – phone number/email address | *Example:* [*albertgator@ufl.edu*](mailto:albertgator@ufl.edu)*; 352-123-4567* |
| List of equipment furnished by university for use in the remote location | *Example: laptop (asset id AT00000123456), chair, monitors (2),* |
| Performance metric tool (logging in hours, tasks completed, etc) | *Example: Teamwork…TEAMS folder (upload tasks completed daily)* |
| Time period (start and end dates to be renewed semiannually after review of standards for continuance) | *Example: July 1, 2021-December 30, 2021* |

The information I have provided in this agreement is accurate and true to the best of my knowledge and will be followed under the direction of my supervisor. I understand any changes must be reported to my supervisor and may initiate an updated agreement. I agree I am responsible for employing appropriate security measures and protecting university assets, information, confidential materials and systems, furnishing and maintaining my remote work location, receiving permission to leave during my scheduled work hours from my supervisor.

I further understand and agree that working at a remote location is voluntary and will hold the state harmless against any and all claims, excluding workers’ compensation claims, resulting from working at a remote location.

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Employee’s Signature Date

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Name |  | Signature |  | Date |
| Supervisor |  |  |  |  |  |
|  |  |  |  |  |  |
| Director |  |  |  |  |  |
|  |  |  |  |  |  |
| Associate Provost |  |  |  |  |  |