



PANDEMIC REMOTE WORKING AGREEMENT

1. Employee Name: _____

2. Employee's Job Title: _____

3. Employee's Department: _____

4. FLSA Status: Exempt Non-exempt

5. Street address of proposed remote work location: _____

6. Telephone number and email address of proposed remote work location: _____

7. Proposed remote working schedule:

	Remote Work Location (Home Office) Hours (e.g. 8:15 AM – 5:00 PM)
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

8. Typical assignment(s) to be completed by employee at the remote work location:

9. Describe how routine work-related communication (email, telephone, voice mail, etc.) will be handled:

10. Proposed start date of this agreement: _____

11. Proposed end date of this agreement: _____

Employee Signature _____ **Date** _____

Supervisor Signature _____ **Date** _____