

Remote Work Agreement

This document is intended to ensure that both the employee and supervisor have a clear, shared understanding of the employee's remote work arrangement. Each remote work arrangement is unique depending on the needs of the Department and the position. Remote Work Agreements must be renewed at least every 6 months.

Employee Remote Work Required Information

Employee Name:	
Job Title:	
PCN:	
Employee ID:	
Division/Unit:	
Duty Location:	
Supervisor Name and Title:	
Today's Date:	

Reason for Working Remotely:

Reason:	
How long is this request for?	
How will you access necessary equipment and work-related materials?	
How will your productivity be measured?	
Technology requirements (i.e. camera, phone, etc.):	
List required security training:	
Remote work schedule (including days of the week and hours of the day):	
Equipment information (i.e. blue tag number, etc.)	

I acknowledge that the ability to work remotely is a privilege that can be rescinded at any time at the sole discretion of my Supervisor/Lead/Manager.

Employee Name Printed

Employee Signature

Date Signed

Agency ISO Name Printed

Agency ISO Signature

Date Signed

Supervisor Name Printed

Supervisor Signature

Date Signed

Director Name Printed

Director Signature

Date Signed