**Bethel University**

**Remote Work Acknowledgement Form (Faculty)**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, County, and State will be working from: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Chair/Program Director \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ANTICIPATED OFFICE HOURS/HOURS AVAILABLE TO STUDENTS AND DEPARTMENT MEMBERS:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FACULTY EMPLOYEE**

I have read and agree to abide by the Remote Work Policy, including the requirements surrounding:

* Childcare
* Employee Work Expectations
* Office Furniture
* On Campus Presence and corresponding Travel Expenses
* Technology & Secure Internet
* Workspace and corresponding Tax implications
* Liability

I understand that this arrangement will be evaluated for effectiveness throughout the year. If applicable, I have discussed with my department chair/program director departmental expectations regarding any on-campus responsibilities associated with teaching intensives, attending department meetings, etc.

**SUPERVISOR AND/OR DEPARTMENT HEAD**

I have discussed this remote work arrangement with the above-mentioned employee. Providing as much advance notice as possible, I agree to communicate any needs for the faculty’s presence at teaching intensives, onsite meetings, work functions or other events that may require travel to Bethel University.

Supervisor/Department Head Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

OPC Representative Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_