**Bethel University**

**Remote Work Arrangement Form (Staff)**

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

Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Remote Arrangement Start Date\_\_\_\_\_\_\_\_\_ End Date \_\_\_\_\_\_\_\_\_\_

(if applicable)

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

**General Work Schedule**

|  |  |  |
| --- | --- | --- |
| **Day of Week** | **General Start Time** | **General End Time** |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |

**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 I will be provided two weeks’ notice if changes in my remote work arrangement is needed. I understand that this arrangement will be evaluated for effectiveness throughout the year and will be formally reviewed as part of the annual performance review meeting.

**SUPERVISOR AND/OR DEPARTMENT HEAD**

I have discussed this remote work arrangement with the above-mentioned employee. I agree to provide the employee with two weeks’ notice if remote work adjustments are needed. Providing as much advance notice as possible, I also agree to communicate any atypical need for the employee’s presence at onsite meetings, work functions or other. I agree to formally review this remote work arrangement as part of the employee’s annual performance review meeting.

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

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

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