

Remote Work Agreement

By signing this agreement, the employee confirms that they have reviewed, understand and agree to abide by its terms and applicable University and Department policy and provisions, which include, but are not limited to those for:

- Work hours, accessibility and job performance
- Use of and responsibility for SFU owned equipment and resources
- Establishing a workspace
- Safety
- Work-related injuries
- Confidentiality of information and data
- Revocability of the agreement

Employee Information Name and Job Title: Office/Department: Supervisor: Work Arrangement: • Hybrid Remote Work • Occasional Remote Work • Occasional Remote Work Address of Alternative Work Location: Alternative Work Environment Location within the home: Agreement Date:

Work Schedule:

A work schedule is to be discussed and agreed upon between the supervisor and the employee. The schedule must meet the needs of the University and the department's workflow. Employees will be available when working remotely via phone, email, and /or video conference. The schedule can be adjusted at any time in an effort to better support the campus.

Please list the agreed upon work schedule. If the days will fluctuate the employee's supervisor must be notified in advance for approval.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
On Campus							
Off Campus							

Detail occasional remote work scenario

Acknowledgements

Technology & Security Acknowledgement

 I agree 	I will comply with the University's Network and Information Management Policies. I will ensure strict confidentiality and control of any and all confidential and sensitive information; I will ensure that confidential and sensitive information in paper form is stored in a locked desk or file cabinet. I will not transfer proprietary or sensitive University information to a personal device.
 I agree 	I will ensure proper care and storage of all college-issued property and equipment. Any property and/or equipment that is issued to me will be returned upon my separation or the discontinuation of my remote or hybrid work arrangement, as applicable.

Job Performance Expectation Acknowledgement

 I agree 	I will be available for contact during the established work hours. If I am not available I will notify my supervisor.
 I agree 	Remote or hybrid work does not alter my position duties and responsibilities. I will be accountable for working the number of hours agreed upon and providing evidence of work produced or objectives met as requested.
 I agree 	I understand there may be occasions where I may be required to attend work on campus during normal remote time.

Policy Acknowledgement

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 I agree 	I have read the University's Remote Work Policy. I agree to abide by the policy and all terms outlined in this agreement. Alterations cannot be made to this agreement without the prior approval of my supervisor.
• I agree	I understand that I am responsible for complying with all University policies and procedures, including without limitation those policies and procedures concerning the use of University equipment and resources (including electronic equipment and resources), employee conduct, and proprietary and confidential information (including but not limited to the protection of student, volunteer, alumni and donor records and information).
I agree	I understand that I will not be reimbursed for expenses as noted in the policy.
I agree	I will not use my remote or hybrid work arrangement for the purposes of having another job during my established working hours.
 I agree 	I will not use my remote or hybrid work arrangement to provide child or other dependent care.
I agree	If I have an accident or am injured during established work hours and in conjunction with my regular work, I will report the accident immediately (within 24 hours) to the Risk Manager and my supervisor.

 I agree 	I will alert my supervisor in the event the address of my alternative work location changes.
 I agree 	I understand that remote work arrangements can be changed or terminated at any time.
• I agree	I understand that this Remote Work Agreement and my work-at- home arrangement do not constitute a contract of employment between the University and me; should not be construed as creating a contract between the University and me; and that this arrangement does not alter my status as an employee of the University. I also understand that the University reserves the right to terminate, change or modify this arrangement, or its guidelines and policies at any time.

Alternative Work Environment Expectations Acknowledgement

 I agree 	I will establish and maintain a safe and appropriate work environment. I will ensure that I can complete my work professionally and distraction free.
 I agree 	Remote workers will auto forward their office phone to their cell phone or dedicated landline.
I agree	Alternative work spaces should include a wired internet connection or employees should have sufficient Wi-Fi to support both the equipment and provide adequate network connectivity.

• l agree	I understand that the University is not liable for any injuries to family members, visitors, and others in the alternate work site. Employees working remotely must carry homeowners or tenant/renter's insurance that covers personal property and third-party injuries arising out of or relating to the use of the home under a Remote Work Agreement, and should consult their personal insurance carriers for advice.
 I agree 	Remote or hybrid workers are not permitted to host colleagues or work visitors/associates at their alternative work site.

Employee Acknowledgement

Name:	Date:
Signature:	

Supervisor Acknowledgement

Name:	Date:
Signature:	

Human Resource Acknowledgement

Name:	Date:
Signature:	