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| **Remote Work Agreement:** |
| Personnel Number: | Last Name: | First Name: |
| Division/Program: | Official Duty Station: | Job Title: |
| Supervisor Name: |
| [ ] New Request [ ] Renewal [ ] Update | Begin Date: | End Date: |
| **Remote Work Schedule** |
| Schedule:

|  |  |
| --- | --- |
| Days: | Start/End Time: |
| [ ]  Monday | Work Hours: / . |
| [ ]  Tuesday | Work Hours: / . |
| [ ]  Wednesday | Work Hours: / . |
| [ ]  Thursday | Work Hours: / . |
| [ ]  Friday | Work Hours: / . |

 | Frequency:

|  |  |
| --- | --- |
| [ ]  Once a month | [ ]  Three days a week  |
|  | [ ]  Four days a week  |
| [ ]  One day every two weeks | [ ]  Five days a week |
| [ ]  One day a week  | [ ]  Intermittent |
| [ ]  Two days a week |

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| **Remote Worksite Information** |
| Work Location Description:[ ]  Personal Residence [ ]  Field/Regional Office [ ]  Other State Agency [ ]  Other: |
| Address | Number of Miles to Official Duty station: |  |

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| **Equipment Inventory** |
| All Employer provided equipment remains the property of **AGENCY** and must be returned to **AGENCY** upon request. For technical support contact the **AGENCY** Help Desk at EMAIL / XXX-XXX-XXX.

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| --- | --- |
| Item | Inventory Tag Number: |
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\*Attach copies of additional Agency Property Office documentation (if applicable)\*Attach completed VPN Security Agreement (if applicable) |

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| **Job Duties, Tasks, and Work-Related Activities** |
| [ ]  The employee will perform all of the position’s tasks as listed on the attached PDF.Or[ ]  The following specific tasks when working remotely (only list the specific tasks/duties from the Position Description Form (PDF) that will be performed) or you can attach a current PDF with listed tasks. |

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| **Security and Confidentiality** |
| Will your employee be using or accessing restricted or confidential data or materials while working remotely? [ ]  YES [ ]  NO |
| If yes, what security procedures will be used to safeguard this data or materials?  |

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| **Notice Expectations** |
| The employer and the remote employee should discuss needs and expectations around notice if the employee will be asked to return to the office while working remotely. A clear understanding of in-person presence and participation in on-site meetings and events should be articulated between the Employer and the Employee. Employers and employees are strongly encouraged to capture agreed upon general expectations for notice in this field. Add Notice Expectations & Additional Notes Here |
| **Statement of Understanding** |
| The supervisor and employee agree to the following expectations: **Supervisor:** * Determines the position qualifies for remote work.
* Determines the employee has proper/approved IT equipment and an adequate internet connection.
* Ensures all required forms for remote work participation are completed and submitted to the Human Resources (HR) Office.
* Ensures that any original documents that are temporarily removed from the agency for the purposes of remote work are handled consistent with AGENCY POLICY.
* Agrees to attempt to provide an alternate remote workday option if they request an employee to report to work during a scheduled remote workday.
* If the employee must report on-site during a scheduled remote workday, supervisor agrees to provide as much advanced notice as possible to the employee.
* Reads, understands, and signs the remote work agreement.

**Employee:**  * Ensures that original documents temporarily removed from the agency for the purposes of remote work are handled consistent with AGENCY POLICY.
* Agrees to abide by the terms of AGENCY POLICY and their remote work agreement.
* Performs the same expected quality of work while working from a remote/alternate location as if they were working from their assigned official duty station.
* Ensures that internal and external customers continue to receive the same level of service while working from a remote/alternate location.
* Agrees to report to the assigned official duty station, upon request, on a remote workday as requested by a supervisor or designee for business reasons.
	+ If the request is made prior to the start of the scheduled workday, the commute is considered a regular commute.
	+ If the request is made after the start of the scheduled workday, the commute is considered work time.
* Ensures the remote workspace is free from hazardous or unsafe conditions that could cause undue harm to the employee.
* Ensures the remote workspace is ergonomically sound.
* Agrees to file an incident report should an injury occur at the employee’s remote work location. The report will be filed from their remote work site or as soon as practicable upon return to their designated duty station.
* Agrees the remote workspace is free from items that are disruptive while providing service to internal and external customers that could include but are not limited to:
	+ Work in a public space with the ability to work on confidential assignments or hold conversation that may be confidential in nature.
* Agrees that any agency equipment is used only by employees of the agency. Employees are responsible for the equipment and tools assigned to them and must alert their supervisor and/or IT support when an equipment problem or work interruption occurs.
* Agrees to not meet with non-agency employees at their remote work site as part of Agency business.
* Reads, understands, and signs the remote work agreement.
* Reads, understands and complies with the requirements for the proper and allowable uses of state issued equipment as provided for in agency policy and/or any applicable collective bargaining agreement.
 |
| I have fully read and understand the Agency Remote Work Policy, and I understand and agree to the terms and conditions of this agreement. By signing this agreement, I acknowledge that remote work is a privilege and not a right, and, as such, my remote work status can be changed or revoked at any time.  Loss or curtailment of remote work status is not grievable under the Mississippi State Employee Handbook.

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| Employee Signature & Date  |  | Supervisor Signature & Date |

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| **Supervisor Approval** |
| [ ]  Approved [ ]  Denied [ ]  Rescinded

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| --- | --- | --- |
| Supervisor Signature & Date  |  |  |

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| Reason if Denied or Rescinded: |

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| --- |
| **Appointing Authority Approval** |
| [ ]  Approved [ ]  Denied [ ]  Rescinded

|  |  |  |
| --- | --- | --- |
| Supervisor Signature & Date  |  |  |

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| Reason if Denied or Rescinded: |