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| **AGREEMENT** |
| This is an agreement between Southeastern Louisiana University (employer) and       (employee)  and shall cover the proposed period from       through      .  Reason:  This agreement establishes the terms and conditions of Remote Work. This agreement shall become effective when all signatures have been received and the supervisor and employee are notified by Human Resources and shall remain in effect through the end date noted above unless terminated at an earlier date by the University. This agreement is not a contract of employment and conveys no right of employment beyond those customarily associated with the employee’s position. All travel entitlement will be based on the employee's official duty station, which will be the University campus. |
| **EQUIPMENT/TOOLS** |
| Any University equipment provided to the Remote Work employee should be checked out using the appropriate asset management process.  List University Equipment and Tag #s   |  |  |  | | --- | --- | --- | |  | Tag # |  | |  | Tag # |  | |  | Tag # |  | |
| **WORKER’S COMPENSATION AND LIABILITY** |
| The employee acknowledges that the University will not be responsible for operating costs, home maintenance, or any other incidental costs (e.g. utilities), associated with the use of the employee's residence. The employee does not give up any reimbursement for authorized expenses incurred while conducting official business for the employer. The University will not be liable for damages to the employee's property resulting from Remote Work, and in signing this agreement, the Remote Work employee agrees to hold the University and State harmless against any and all claims, excluding workers' compensation claims. |
| **WORK HOURS AND LOCATION** |
| Remote Work Address:  Remote Work Contact Number:  Normal University Schedule (If you are not following the normal University schedule, list adjusted schedule below.)  Flexible Schedule: Choose an item.  Work Location: U=University Office R=Remote Work   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Monday: | Choose an item. | Tuesday: | Choose an item. | Wednesday: | Choose an item. | | Thursday: | Choose an item. | Friday: | Choose an item. | Saturday: | Choose an item. | | Sunday: | Choose an item. |  |  |  |  |   I agree to abide by the terms and conditions of this agreement. I have read and agree to comply with the current [Remote Work Policy](http://www.southeastern.edu/resources/policies/assets/remote_work.pdf).   |  |  |  |  | | --- | --- | --- | --- | | Employee: |  | Date: |  | |
| **APPROVAL** |
| 1. If the reason for this request is associated with a medical or disability accommodation, please forward to HR prior to any approvals and the form will be routed for approval once reviewed by HR or the ADA Officer. [HR@selu.edu](mailto:HR@selu.edu). 2. If the reason is not associated with a medical or disability accommodation, the HR/ADA Officer approval is not required and the form can be routed to the Supervisor and up the chain of command as outlined below.  |  |  |  |  | | --- | --- | --- | --- | | HR/ADA Officer (if applicable): |  | Date: |  | | Supervisor: |  | Date: |  | | Second-Level Supervisor: |  | Date: |  | | Division Head: |  | Date: |  | | President (if beyond 30 days): |  | Date: |  |   Please forward to Human Resources for final processing. |