

SOUTHERN ILLINOIS UNIVERSITY CARBONDALE  
REMOTE WORK AGREEMENT

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Employee Name:

Employee Title:

Employee AIS#:

Department:

This agreement is effective from:                      through

Employee will work remotely:

**Remote Work Location:**

Address

Phone

**Equipment and Supplies Needed to Work Remotely:**

Employee provided:

Department provided (Include inventory tag numbers if applicable<sup>1</sup>):

**Job Responsibilities:** List all duties that the employee is expected to perform/complete during the duration of the Remote Work Agreement. If the employee is working exclusively from home, the job description should be attached as all duties will be performed remote to campus.

**Impact on Operation:** Describe the impact of this Remote Work Agreement on the operations of the employee's unit.

**Ability to Assess:** Describe the procedures and time line to adequately assess the employee's work.

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**Confidentiality and Physical Security:** Describe the methods used to secure all sensitive data, files, and physical assets.

**Reasons for Request:** If for medical reasons attach documentation from your medical provider.<sup>2</sup>

**Schedule:** Provide a schedule of work while on campus and while working remotely.

*By signing this Agreement, Employee acknowledges that he/she has read, understands, and agrees to the Remote Work Guidelines. Employee further agrees to adhere to the all guidelines outlined in the Remote Work Guidelines. Employee understands that he/she remains obligated to comply with all federal, state, and university laws, rules, policies, procedures, and/or instructions. Employee agrees to ensure security safeguards and policies at the same level as in the regular office in order to protect such information from unauthorized disclosure, loss, or damage.*

*Approval to work remotely may be revoked by the university at any time.*

**Required Signatures:** (Sign at highest level.)

Approved - Denied

Employee Signature:

Date:

Supervisor Signature:

Date:

Director/Dean Signature:

Date:

Vice Chancellor/Chancellor Signature:

Date:

Reason for Denial:

Human Resources Review:

Initial and Date

<sup>1</sup> Removals of university owned equipment must be documented with a properly completed Equipment Loan Form, please see <https://eforms.siu.edu/siuforms/info/acs0302.php>

<sup>2</sup> If the Employee is seeking an accommodation under the ADA, please see <https://ada.siu.edu/>