



Remote Work Plan and Agreement Form

This document is intended to ensure that both the supervisor and the employee have a clear, shared understanding of the employee’s remote work arrangement. Each remote work arrangement is unique depending on the needs of the position, supervisor, and employee. This form can be adapted to unit requirements as necessary.

This remote work agreement is not a contract of employment and does not provide any contractual rights to continued employment. It does not alter or supersede the terms of the existing employment relationship.

Employee Remote Work Information

Employee Name:	
Job Title:	
Department:	
Supervisor:	
Arrangement requested by:	<input type="checkbox"/> Employee <input type="checkbox"/> Employer
Location where remote work will be performed:	
Remote work arrangement effective dates:	

Job Duties

The general expectation for a remote work arrangement is that the employee will effectively accomplish their regular job duties, regardless of work location unless otherwise indicated below. If there are remote work-specific job duties and/or expectations, specify them in the box below, or enter N/A. If employee is doing work for another department/work unit, this should be indicated in the miscellaneous section below.

Sample text: Employee will indicate remote work days in their email signature. In-person attendance at quarterly divisional meetings is expected.

Work Schedule and Location

Note: See Appendix A for sample work schedules.

Day of Week	Work Hours	Primary Work Location
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

Remote Work Arrangement Modification

Unless a collective bargaining agreement states otherwise, the department may end an employee requested remote work arrangement by providing no less than 5 business days' written notice. This provision does not apply to remote work arrangements made through the disability accommodation process. All employee-proposed changes are subject to departmental approval.

Remote work agreements should be renewed and updated as changes are made to this agreement. Ad-hoc modifications to this agreement should be discussed between the employee and supervisor. Long-term or substantive modifications should be documented by revising this agreement.

Remote Work Review

Specify a date to meet and discuss the effectiveness of the remote work arrangement, or enter N/A.

Remote work plan review date:	
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Equipment, Furniture and Technology Access

Specify any equipment, furniture, and/or technology access the employee needs to work remotely and whether it is being provided by the employee or employer provided. In the event of equipment failure, damage, or service interruption, the employee must notify employer immediately to discuss alternate assignments or other options.

Equipment/Property (tag #)*	Provided by	Responsible for loss or damage

**If no tag # is available, simply identify the equipment/furniture without a tag #.*

By initialing the Responsible for loss or damage column above and signing this Agreement, the employee agrees to the following:

- The employee agrees to return CNM equipment, records, and materials within 5 calendar days of termination of this agreement. All CNM equipment will be returned by the employee for inspection, repair, replacement, or repossession with 5 days written notice.
- If the equipment/property listed in the table above is not returned by the specified date, the outstanding value of the equipment may be sent to a collection agency and may be reported to one or more credit bureau reporting services. I agree to pay all collection costs including reasonable attorney's fees that CNM may incur in such collection efforts.
- I authorize CNM and its respective agent(s) and contractors to contact me regarding the property/equipment listed in the table above at my current or future telephone number either provided or acquired using automated telephone dialing equipment or artificial pre-recorded voice or text messages.

Miscellaneous

Note: Use this section to capture any details or information not covered in other sections of this Agreement.

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Additional details

Policies and Procedure Acknowledgement	Employee Initials
I have read and understand CNM's Policies and Processes related to remote work	
I have read and understand any departmental remote work policies	
I understand I am financially responsible for College equipment and/or property issued to me which includes any damage and/or property not returned to the College.	
I have read and understand IS-1002 Information Technology Use Administrative Directive	

Employee signature:

Date:

Supervisor signature:

Date: