



Remote Work Application and Safety Checklist

Management and the employee should review Remote Work Policy, ISUPP 3120 thoroughly while completing and reviewing this Remote Work Application and Safety Checklist when considering an employee request for Regular Remote Work. Remote work arrangements as a reasonable accommodation for a serious health condition should not be considered without consultation with Disability Services. This application and checklist is not required for Occasional Remote Work or other alternative/emergency remote work assignments by the department.

EMPLOYEE INFORMATION:

Form with fields: Name, Title, Work phone, Office location, Department, Supervisor

REMOTE WORK INFORMATION:

How many days a week are you requesting permission for remote work? (choose only one and designate specific day(s) of the week) Note: Departments must consult with the HR Office before considering remote work arrangements outside the State of Idaho.

Form with checkboxes: One day a week, Two days a week, Three days a week, Four days a week, Five days a week, Occasional for Special Projects

This application is a request for: (Check all that apply. See policy for definitions.)

Form with checkboxes: Regular and/or reoccurring schedule, Periodic and/or intermittent, A component for a Reasonable Accommodation, An out of state remote work request, Will you be providing dependent care while performing official work duties?

Work hours: \_\_\_\_\_

Designated work location: \_\_\_\_\_

Other work locations (if applicable): \_\_\_\_\_

Reasoning why the employee is requesting remote work:

Large empty text box for reasoning why the employee is requesting remote work.

Please read each of the following job characteristics and then rate each according to your current job requirements by indicating in the appropriate column whether there is a **High** requirement, **Low** requirement, or **No** requirement for this aspect in your personnel skillset or your job.

*High ratings for items 1-5 and low ratings for items 6-9 tend to indicate that the job and/or the person is compatible with the remote work program. However, the supervisor/management team will use these responses as only part of the decision to approve this application.*

<b>Job Requirements</b>	<b>High</b>	<b>Low</b>	<b>None</b>
1. Ability of the employee to control and schedule their own work			
2. Employee has clear and understandable work assignments and tasks			
3. Ability of employee to work autonomously			
4. Amount of computer work			
5. Ability to use telephone/video equipment to complete job duties			
6. Amount of face-to-face contact for specific job duties			
7. Amount of in-office reference material and/or equipment needed			
8. Amount of generally sensitive material/data used			
9. Amount of work with protected data (FERPA, HIPPA, etc.)			

**REMOTE WORK PLAN PROPOSAL:**

Briefly describe the work that you wish to complete while working remotely (e.g., 20% email, 30% data management, 25% phone consultations):

Briefly describe how remote work will meet the goals of your work unit and needs of ISU:

If you are providing dependent care while performing official duties, describe how you will manage disruptions and distractions during an agreed upon work time (if applicable):

**ALTERNATE WORKSITE SAFETY CHECKLIST:**

The following conditions must be met to ensure the safety of the alternate worksite. Check each box to indicate "Yes" for each item. Any items that are not checked must be corrected prior to submitting the Remote Work Application and implementation of a Remote Work Agreement.

Is the work space clearly defined, neat, clean, and free of hazards, including safe/sturdy office equipment, such as a desk and chair?	
Are temperature, noise, and ventilation and lighting levels adequate for maintaining your normal level of job performance?	
Is all electrical equipment free of recognized hazards that would cause physical harm (frayed wire, bare conductors, loose wires, flexible wires running through walls, exposed wires to the ceiling)?	
Are the phone lines, electrical cords, and extension wires secured under a desk or alongside a baseboard?	
Is a surge protector being utilized for electrical equipment?	

What equipment would you need for remote work?

<input type="checkbox"/> Computer	<input type="checkbox"/> Printer	<input type="checkbox"/> Specialized Software
<input type="checkbox"/> Scanner/Copier	<input type="checkbox"/> Locked Filing Cabinet	<input type="checkbox"/> Other:

Have you ever worked from home on a regular basis, and if so, please describe the situation and work?

------------------------------------------

Briefly describe the remote work location and workspace including necessary equipment (note: ISU may not be responsible for providing remote work equipment):

------------------------------------------

Do you have anything further you would like management to consider in reviewing this request?

------------------------------------------

**REMOTE WORK APPLICATION APPROVALS:**

By signing my name below, I indicate that this application and safety checklist of the proposed alternate worksite is true and accurate to the best of my knowledge. I further understand that any intentional inaccuracies found in this checklist may be grounds for disciplinary action up to, and including termination.

\_\_\_\_\_  
Employee Signature - See Routing Procedure Below

\_\_\_\_\_  
Date

Supervisor's Comments and Recommendation, (consult with Disability Services Director if applicable):

By signing below, the Supervisor and Disability Services Director (if applicable) recommend approval for remote work.

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Disability Services Director (if applicable)

\_\_\_\_\_  
Date

**Routing Procedure:** After this application has been signed by the employee, supervisor, and Disability Services Director (if applicable), it will automatically be submitted to HR. HR will review the application, and route the formal Remote Work Agreement through DocuSign. The Remote Work Agreement will also need to be completed by the employee, and then signed by the employee, supervisor, dean/director, and VP or VP delegate.

Idaho State University  
**Remote Work Agreement**

**HR will send this form to the employee via DocuSign after the application/checklist is completed.**

The HR Office has received a completed Remote Work Application for the employee listed below which has been recommended for approval by the supervisor. The employee and management team should now formalize the terms and conditions of the proposal with this Remote Work Agreement. The approved Remote Work Application and Safety Checklist is attached to this agreement. All capitalized terms are defined in [ISUPP # 3120 Remote Work Policy](#).

\*\*\*\*\*

<b>This Agreement constitutes the terms and conditions of the Remote Work Agreement for:</b>		
<b>Employee Name:</b>	<b>Job Title:</b>	
<b>Department/Division:</b>	<b>Alternate Work Location(s) Addresses:</b>	
<b>Remote Work Start date:</b> <b>Remote Work End date (if known):</b> <i>Agreement to be reviewed annually</i>	<b>Phone Number:</b> _____	
<b>Remote Work Arrangement Category (select one):</b>		
<input type="checkbox"/> <b>Full-Time Remote Work:</b> Employee works remotely for their entire work schedule from the Alternate Work Location(s)	<input type="checkbox"/> <b>Flexible Remote Work:</b> Employee consistently works remotely less than 40 hours per week on a sporadic or task driven basis. May be expected and/or required to work in a remote work mode for limited periods in response to a specific departmental need.	<input type="checkbox"/> <b>Regular Remote Work Pattern:</b> Document the normal pattern of days and hours the employee will work remotely each week. <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday
Normal work hours at the Alternate Work Location will be from: _____ AM/PM to _____ AM/PM		

**1. Safety**

- Employee and supervisor have verified the safety of an alternate worksite using the safety checklist as part of the Remote Work Application.
- Employee is covered by the Idaho State Insurance Fund’s Worker’s Compensation Program, as appropriate, if injured while working at the alternate worksite in the State of Idaho. Employee and Supervisor must notify Risk Management if the Alternate Worksite is located outside the State of Idaho.
- Employee agrees to bring to the immediate attention of the supervisor any accident or injury that occurs while working at an approved Alternate Work Location.
- Supervisor will investigate all accident and injury reports immediately following notification and complete a Supervisor’s Accident Report with the Office of Risk Management.
- ISU reserves the right to inspect the Alternate Work Location to ensure safety standards as needed.

**2. Confidentiality and Information Security**

- Employee will apply approved safeguards, in accordance with ISU policies, to protect ISU or State records from unauthorized disclosure or damage, and will comply with all records and data privacy requirements set forth in state law and policy and ISU Policies and Procedures.
- Employee will conduct work at the Alternate Work Location in compliance with all Information Technology Services security standards as outlined in ISU Policies and Procedures.

**3. Work Standards and Performance**

- Employee will meet with their supervisor to receive assignments and to review completed work as the supervisor deems necessary or appropriate for the position and business needs of the unit.
- Employee may be required to return to the Central Work Location on scheduled Remote Work days based on operational requirements.
- Employee will complete all assigned work according to procedures mutually agreed upon by the employee and the supervisor, and according to guidelines and expectations stated in the employee’s job description or other performance plans and objectives.
- Supervisor will regularly evaluate and provide feedback on the employee’s job performance.
- Employee agrees to perform remote work at the approved Alternate Work Location(s) and times defined in this agreement unless they notify and receive explicit approval from a supervisor to temporarily shift remote work to another work location or time period. Failure to comply with this provision may result in termination of the Remote Work Agreement, and/or appropriate disciplinary action.
- Remote work is not to be viewed as a substitute for dependent care and must be disclosed. Remote workers with dependent care situations are encouraged to have alternate solutions for providing care during the agreed upon work hours.

**4. Compensation and Benefits**

- All pay rates, leave/retirement benefits, and travel reimbursements will remain as if the employee performed all work at the employee's established Central Work Location.
- An FLSA non-exempt employee who works remotely and has approved overtime at the direction of a supervisor will be compensated in accordance with applicable law and state policy.
- An FLSA non-exempt employee understands that all overtime hours must be pre-approved before working in an overtime status. By signing this form, employee agrees that failing to obtain proper approval for overtime work may result in termination of the Remote Work Agreement and/or appropriate disciplinary action.
- Employee must obtain supervisory approval before taking leave in accordance with established office procedures. By signing this form, employee agrees to follow established procedures for requesting and obtaining approval for leave.

**5. Equipment and Expenses**

- Employee who is authorized to use ISU equipment while working remotely agrees to protect such equipment in accordance with departmental guidelines. ISU-owned equipment will be serviced and maintained by ISU.
- If employee provides their own equipment for work while working remotely, the employee is responsible for servicing and maintaining their own personal equipment.
- Neither ISU nor the State of Idaho will be liable for damages to an employee's personal or real property during the performance of assigned work or while using state equipment in the employee's residence.
- Neither ISU nor the State of Idaho will be responsible for operating costs, home maintenance, or any other incidental costs, (e.g. utilities), associated with the use of the employee's residence.

**6. Initiation and Termination of Agreement**

- ISU and the employee understand that remote work shall be governed by the same State and ISU policies and procedures as those applicable to employees at the Central Work Location except as modified by this Agreement.
- ISU concurs with employee participation and agrees to adhere to applicable policies and procedures.
- Employee may terminate this Remote Work Agreement at any time unless remote work is a condition of employment for the work unit. Reasonable notice to ISU should be provided when possible.
- ISU may terminate this Remote Work Agreement with reasonable notice to the Employee at any time. Agreement may be terminated for reasons to include, but not limited to, declining performance and organizational benefit.
- Employee affirms that they have read and understand this Remote Work Agreement and ISU's Remote Work Policy, ISUPP 3120, and agrees to all of its provisions.

**7. Division/College/Department Specific Terms and Conditions (if applicable):**

AGREED:

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean/Director Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Vice President or Delegate Signature

\_\_\_\_\_  
Date