

# **REMOTE WORK AGREEMENT FOR STAFF**

This Remote Work Agreement must be completed for any employee working: 1) remotely on a full-time basis, or 2) partially remotely, with some days working remotely and some days working onsite. On an occasional basis, employees may be required to make temporary adjustments to their remote work schedule for operational reasons, as approved by their supervisor.

This agreement is subject to ongoing review and may be amended or terminated by the department at any time with at least 30 calendar days advance notice. All obligations, responsibilities, and terms and conditions of employment with the University remain unchanged, except those obligations and responsibilities specifically addressed in this agreement.

# INSTRUCTIONS: Complete the applicable sections below and then route for signatures. Electronic signatures are permissible. Executed agreements should be forwarded to local HR representatives.

Section I: EMPLOYEE	EMPLOYEE INFORMATION			
Employee Name:	Department:			
Job Title:	Supervisor's Name:			
Current Status:   Full-Time  Part-Time	<ul> <li>Exempt (not eligible for overtime, paid salary)</li> <li>Non-Exempt (eligible for overtime, paid hourly)</li> </ul>			

Section	II: REMOTE WORK STATUS
	<ul> <li>Fully Remote: Employee scheduled to work offsite for all normal work hours. Employee may be required to come onsite for certain meetings or other activities.</li> <li>Exempt Employees: Skip to Section VI</li> <li>Non-exempt Employees: Skip to Section IV</li> </ul>
	<ul> <li>Partially Remote: Employee schedule is variable or set. The schedule is based on the department's needs and is subject to change. Completion of a new Remote Work Agreement is <u>not</u> required if a change in the work schedule is documented with written notice. All remote workdays will be approved by the supervisor in advance.</li> <li><i>Exempt Employees: Skip to Section III</i></li> <li><i>Non-exempt Employees: Skip to Section IV</i></li> </ul>

# Section III: EXEMPT EMPLOYEE REMOTE WORK SCHEDULE

For exempt employees working partially remote, check the box corresponding to the days working remotely or that remote days will vary. If the employee is on an alternative work schedule (e.g., 9/80 or 4/10), then enter details in Section V.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Remote Days:							
Variable Remote Workdays:	□ Remote workdays may change from week to week and are approved by the supervisor in advance.						

Section	IV:
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### NON-EXEMPT EMPLOYEE WORK SCHEDULE

Non-exempt employees are paid hourly and are eligible for overtime. Non-exempt employees must adhere to meal and rest period requirements as specified by <u>PPSM-30 (Compensation)</u> or the applicable collective bargaining agreement. Non-exempt employees must also record their <u>actual</u> start, end, and mealtimes for each workday on their timesheet and are required to seek advance approval by their supervisor for overtime work. For non-exempt employees, enter the employee's standard work schedule for onsite <u>and</u> remote work. For Non-Exempt employees whose start time, meal period, or end time change due to changes to the employee work schedule, a new Remote Work Agreement is <u>not</u> required if the new work schedule is documented with written notice.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:							
Meal Period:							
End Time:							
Remote Days:							
Variable Remote Workdays:	🗆 Remote w	orkdays may ch	nange from wee	ek to week and a	are approved by	y the superviso	r in advance.

Section V:

#### ADDITIONAL COMMENTS REGARDING REMOTE WORK SCHEDULE

*Optional.* Enter any additional details regarding remote work schedule. For example, alternating block schedules (e.g., 9/80 or 4/10); partial remote days; other arrangements; and/or any restrictions for number of remote workdays for variable remote work schedules (e.g., up to 3 days remote).

Section VI: AGR	AGREEMENT DATES AND TERMS				
Remote Work Effective Date:	<ul> <li>Remote Work End Date:</li> <li>Indefinite, subject to modification</li> </ul>				
Remote Work Location: (full address)	Onsite Work Location (if applicable): <i>(full address)</i>				

#### **Remote Work Authorization:**

- I understand that department heads have the authority to establish, approve, or deny Remote Work requests for individual positions, and that decisions regarding the appropriateness of a Remote Work arrangement are made on a case-by-case basis based on the department's operational and business needs.
- I understand that on an occasional basis, I may be required to modify my remote work schedule and/or variable work schedule to meet the operational needs of my department.
- I understand that this agreement is subject to ongoing review and may be modified or terminated by the department at any time with at least 30 calendar days' advance notice. (The department may determine a shorter notice period in an urgent or emergency situation, such as an unforeseen staffing shortage or a situation requiring onsite coverage.)

#### Work Schedule and Availability:

 I agree to remain accessible by all traditional forms of communication (email, text, telephone, Zoom, Teams, etc.) during my scheduled work hours. Should I need to modify my work schedule on an occasional basis, I will obtain approval from my manager/supervisor in advance.

## Work Location Safety:

- I agree to maintain a safe, secure, and ergonomic work environment, and report work-related injuries to my manager/supervisor at the earliest reasonable opportunity.
- I agree to hold the University harmless for injury to others at the remote worksite.
- I agree to keep my emergency contact information updated in UC PATH.

### **Equipment / Information Security:**

- I understand that unless otherwise arranged, I am responsible for providing space, telephone, networking and/or Internet capabilities with appropriate speed at my remote location and will not be reimbursed by the University for these or related expenses.
- I agree to protect University-owned equipment, records, and materials from unauthorized or accidental access, use, modification, destruction, or disclosure. The precautions described in this agreement apply regardless of the storage media on which information is maintained, the locations where the information is stored, the systems used to process the information, or the process by which the information is stored.
- I agree to report to my manager/supervisor any incidents of loss, damage, or unauthorized access at the earliest reasonable opportunity.
- I understand that all equipment, records, and materials provided by the University shall remain the property of the University.
- I agree to return University-owned equipment, records, and materials within 14 days upon separation from the University. Within 14 days of written notice, I must return University-owned equipment for inspection, repair, replacement, or repossession.
- [Campus Employees Only] I have signed or will sign an Equipment Loan Agreement for UCI equipment I currently have or will be given in future.

#### Other:

- I understand and agree that my personal vehicle will not be used for University business unless specifically authorized in advance by my supervisor. If approval is received, pursuant to UC Business and Finance Bulletin G-28, I agree to maintain throughout the term of this agreement, and at my own cost and expense, a policy of auto liability insurance with limits of \$50,000 per accident, \$100,000 per occurrence, and \$50,000 property damage.
- I understand that I am responsible for the tax consequences, if any, of this Remote Work Agreement, and for conformance to any local zoning regulations.
- I understand that remote work is not a substitution for child or dependent care and that, while an employee's schedule may be modified to complement child or dependent care needs, the focus of this arrangement must remain on maintaining job performance and meeting business demands.

#### Acknowledgment:

I have read and understand this Agreement and the <u>UC Irvine Remote Work Guidelines</u> and will comply with them.

Section VII:	SIGNATURES	
Employee Name	Signature	Date
Supervisor Name	Signature	Date
Department Head (or Designee) Name	Signature	Date