

OBERLIN

COLLEGE & CONSERVATORY

Department of Human Resources



Remote Work Agreement (RWA)

Any members of a collective bargaining unit who are NOT in agreement with the work details of this form are NOT required to sign this form. Instead, the unsigned form should be forwarded to Human Resources. HR will then consult with the appropriate union leadership.

RFA Part I: Employee Information

Instructions: If handwriting, please print legibly. When printing the WFA document for signatures, please print the document, double-sided, in its entirety.

Employee Information

Last Name:	First Name:	T#ID:
Department ID #:	Primary/Campus Work Location:	
Direct Manager/Supervisor:	Divisional Senior Administrator (as appropriate)	
Agreement Type: <input type="checkbox"/> New (first time) <input type="checkbox"/> Renewal	For renewals only, indicate effective date of your original agreement 	(mm/dd/yyyy):
Agreement Duration:  Review and update on an annual basis	Start (mm/dd/yyyy):	End (mm/dd/yyyy):

Employee Remote Work Location (RWL)

Employees must have employment authorization for each proposed work location.

Note that for individuals who are not “United States workers,” e.g. H-1B, TN, E-3 or J-1 status-holders, a change or addition of employment location (including permission to work remotely) may result in the need to update the individual’s immigration record.

If the off-site work location is your home, you may choose to either provide your home address or confirm that your home address on record with the college is accurate and write “home address on file with the college” below.

State/Country and telephone number(s) and are required.

Address:	City:	
State:	ZIP Code:	Country:
Telephone Number: <input type="checkbox"/> Cellular <input type="checkbox"/> Landline If outside the US, include country code	()	

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RWL Workspace Description (include a brief description of furniture, equipment or other dedicated resources):

Employee RWL Days, Hours, Frequency/Rotation (Core Work Hours)

Note: The days and hours documented below have been agreed upon. The employee must be reachable via telephone or email within the time periods indicated below. Note: Record Start/Stop times in Eastern Standard Time format.

<input type="checkbox"/> Sun	Start: _____ am / pm	Stop: _____ am / pm
<input type="checkbox"/> Mon	Start: _____ am / pm	Stop: _____ am / pm
<input type="checkbox"/> Tue	Start: _____ am / pm	Stop: _____ am / pm
<input type="checkbox"/> Wed	Start: _____ am / pm	Stop: _____ am / pm
<input type="checkbox"/> Thu	Start: _____ am / pm	Stop: _____ am / pm
<input type="checkbox"/> Fri	Start: _____ am / pm	Stop: _____ am / pm
<input type="checkbox"/> Sat	Start: _____ am / pm	Stop: _____ am / pm
Special Notes:		

College Assets (Equipment)

College assets used at the RWL - such as hardware, software, etc. You must have a college issued laptop with VPN and Internet access from home.

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Will the employee have access to their office phone by transfer:

Reason for request:

How critical is the work needed to continue:

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If the work is not continued what other areas on campus would be effected and how:

How will the work be monitored:

What are the deliverables for the work:

What are the expectations for the employee while working remotely:

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Signatures & Attestation

As evidenced by my signature below as the employee, the information I have provided in this Remote Work Agreement (RWA) is accurate and will be followed on a regular basis and under the direction of my manager/supervisor. If any information changes, it is my duty to inform my manager/supervisor and to initiate the completion of an updated agreement. My manager/supervisor may need to consult with Human Resources. I understand that my RWA will be housed within my unit personnel file and Human Resources Department. I agree that I must furnish and maintain my remote work location workspace in a safe manner; employing appropriate telecommuting security measures; and protecting college assets, information, confidential materials and systems related to this telecommuting agreement. I understand that telecommuting is voluntary and may be stopped at any time. I also understand that the College may, at any time, change any or all of the conditions under which I am permitted to telecommute or altogether withdraw permission to telecommute.

I have read and understand the Telecommuting Policy and this RWA. I agree to the duties, obligations, responsibilities and conditions described within said documents.

Employee Signature

Date

Immediate Supervisor Signature

Date

Divisional Senior Administrator Signature

Date

Reviewed by Human Resources

Date