



SARPY COUNTY REMOTE WORK POLICY AND PROGRAM REMOTE WORK APPLICATION AND AGREEMENT FORM

The first four sections are for employees. Sections four and five are for supervisors and the department head/designee to review and approve remote work agreements.

I. EMPLOYEE INFORMATION

Name:		Job title:	
Email:		Phone:	
Department:		Division/Unit:	

II. REMOTE WORK INFORMATION

This remote work arrangement is for:	<input type="checkbox"/> regular and recurring <input type="checkbox"/> occasional
This agreement will run from:	to
I plan to evaluate this agreement with my supervisor:	<input type="checkbox"/> as needed <input type="checkbox"/> monthly <input type="checkbox"/> quarterly
Remote Work (If regular/recurring):	
Work hours:	
How will you report your time?	
Designated work location:	<input type="checkbox"/> home <input type="checkbox"/> other
If other, please specify:	

Remote Work Equipment

Required equipment:	Indicate if your equipment is County-owned or personal:
<input type="checkbox"/> Computer	
<input type="checkbox"/> Printer	
<input type="checkbox"/> Fax	

<input type="checkbox"/> Other (please specify below): <input type="text"/>	
Required supplies (please specify below):	Indicate if your supplies are County-owned or personal:
•	
•	
•	
Required software/systems:	
<input type="checkbox"/> County network (VPN access)	
<input type="checkbox"/> Email	
<input type="checkbox"/> List other(s) below:	
<input type="text"/>	

Remote Work Plan

Work you will perform while working remotely:
<input type="text"/>

Method of communication while working remotely:		
<input type="checkbox"/> Phone	Phone number:	<input type="text"/>
<input type="checkbox"/> Email	Email address:	<input type="text"/>
<input type="checkbox"/> Text	Phone number:	<input type="text"/>
<input type="checkbox"/> Other (please specify):	<input type="text"/>	

III. EMPLOYEE ACKNOWLEDGEMENTS

<input type="checkbox"/>	I have read and will follow: <ul style="list-style-type: none"> The Sarpy County Remote Work Program Policy
<input type="checkbox"/>	I have completed any remote work training assigned by my supervisor or by Information Systems
<input type="checkbox"/>	I understand and agree that remote work is a privilege, not a right, and therefore the denial of an application or termination of the right to work remotely is not grievable.
<input type="checkbox"/>	I understand and agree that I am responsible for maintaining the safety and security of County equipment, supplies, and information while working remotely.
<input type="checkbox"/>	I understand and agree that I must comply with all procedures designed to protect sensitive County information, including information that is confidential, private, personal, or otherwise sensitive while working remotely.
<input type="checkbox"/>	I understand and agree that working remotely is not a substitute for appropriate child or adult dependent care.
<input type="checkbox"/>	I acknowledge that my designated workspace complies with all health and safety requirements.
<input type="checkbox"/>	I agree to accurately record and submit the hours I work while working remotely.
<input type="checkbox"/>	I understand and agree that I may be required to report to work at my regularly assigned work location as directed by my supervisor with little or no notice.
<input type="checkbox"/>	I understand and agree that my department is not required to provide me with any equipment or supplies I may need while working remotely.
<input type="checkbox"/>	I have discussed this application and agreement with my supervisor. I agree to comply with all terms and conditions in this remote work application and agreement. I understand that my remote work agreement can be ended at any time for any lawful reason.

Employee Name/Signature

Date

IV. SUPERVISOR REVIEW AND APPROVAL

Name:	
Title:	
<input type="checkbox"/>	I have reviewed and approved this remote work agreement.

Supervisor Signature (if required)

Date

V. DEPARTMENT HEAD/DESIGNEE REVIEW AND APPROVAL

Name:	
Title:	
<input type="checkbox"/>	I have reviewed and approved this remote work agreement.

Department head/Designee Signature (if required)

Date