NORTHWESTERN STATE UNIVERSITY Remote Work Agreement

The Remote Work Agreement is to be completed for employees approved for Hybrid work or Fully remote work. The agreement should be completed upon the approval of one of these arrangements and at least annually

thereafter.								
			E	mployee	Information			
Name:								
Office/Depart	ment:							
Job Title:								
Supervisor:								
Work Arrange	ement: 🔲 H	Hybrid Work		Fully R	emote Work			
Official NSU	Domicile:	Natchitoche	es 🗌	Shreve	port Leesvil	lle Alexa	ndria 🔲 Ot	ther
Physical Add	ress of Remo	ote Worksite:						
Remote Work	site Environ	ment Locatio	n (ex.	· 2 nd floor	r home office):			
Agreement St	art Date:				3 Month Revi	ew Date:		
Annual Revie	w Date:							
available durin schedule can b HR if the empl	g the listed very adjusted at oyee's scheoo	work hours via any time to b dule is altered	a pho etter).	ne, email support N	ment and emplo , and/or video c NSU (a new agr urs as a range, i	conference on eement must	and off cambe signed and	pus. The
	Sunday	Monday	Tu	esday	Wednesday	Thursday	Friday	Saturday
On Campus				•				
Off Campus								
Additional No	otes:							
Acknowledgm	ients	Toohn	alam	y & Coon	rity Aaknowlo	damont		
	T vvvi11				rity Acknowle		ing and Duc-	advance I:11
☐ I agree	I will comply with the <u>NSU Information Technology Services Policies and Procedures</u> . I will ensure strict confidentiality and control of all confidential and sensitive information; I will ensure that confidential and sensitive information in paper form is stored in a locked desk or file cabinet. I will not transfer proprietary or sensitive university information to a personal device.							
		d that if I util	ize m	y office p	phone off campi	us (e.g., MS-7	Teams), I sho	ould NOT use
I agree					erstand that the			

current location if I access my off campus office phone to make an emergency call.

	I will ensure proper care and storage of all NSU-issued property and equipment. Any property									
☐ I agree	and/or equipment that is issued to me will be returned upon my separation or the									
	discontinuation of my remote or hybrid work arrangement, as applicable.									
Job Performance Expectation Acknowledgment										
I agree	I will be available for contact during the established work hours. If I am not available, I will									
	notify my supervisor.									
	Remote or hybrid work does not alter my position duties and responsibilities. I will be									
I agree	accountable for working the number of hours agreed upon and providing evidence of work									
	produced or objectives met as requested.									
I agree	I understand there may be occasions where I may be required to attend work on campus during									
	normal remote time.									
Policy Acknowledgment										
	I have read NSU's Remote Work Arrangements Policy. I agree to abide by the policy and all									
I agree	terms outlined in this agreement. Alterations cannot be made to this agreement without the									
	prior approval of my supervisor.									
☐ I agree	I understand that I am responsible for complying with all NSU policies and procedures,									
	including without limitation those policies and procedures concerning the use of NSU									
	equipment and resources, employee conduct, and proprietary and confidential information									
	(including but not limited to the protection of student, volunteer, alumni and donor records and									
	information).									
I agree	I understand that I will not be reimbursed for expenses as noted in the policy.									
	I will not use my remote or hybrid work arrangement for the purposes of having another job									
☐ I agree	during my established working hours.									
I agree	I will not use my remote or hybrid work arrangement to provide child or other dependent care.									
	If I have an accident or am injured during established work hours and in conjunction with my									
I agree	regular work, I will report the accident immediately to my supervisor and follow all									
	established accident/incident reporting procedures.									
I agree	I will alert Human Resources in the event the address of my remote work location changes.									
I agree	I understand that remote work arrangements can be changed or terminated at any time.									
	I understand that this Remote Work Agreement and my work-at-home arrangement do not									
	constitute a contract of employment between NSU and me; should not be construed as creating									
I agree	a contract between NSU and me; and that this arrangement does not alter my status as an at-									
	will employee of NSU. I also understand that NSU reserves the right to terminate, change or									
	modify this arrangement, or its guidelines and policies at any time.									
Remote Work Environment Expectations										
	I will establish and maintain an ergonomically appropriate work environment. I will ensure									
☐ I agree	that I can complete my work professionally and distraction free.									
I agree	I will forward my office phone to my cell phone or dedicated landline while working remotely.									
I agree	Remote work locations should include a wired internet connection or have sufficient Wi-Fi to									
	provide adequate network connectivity.									
☐ I agree	I understand that NSU is not liable for any injuries to family members, visitors, and others in									
	the remote work site. Employees working remotely or on a hybrid basis must carry									
	homeowner's or tenant/renter's insurance that covers personal property and third-party injuries									
	arising out of or relating to the use of the home under a Remote Work Agreement and should									
	consult their personal insurance carriers for advice.									
☐ I agree	Remote or hybrid workers are not permitted to host colleagues or work visitors/associates at									
	their alternative work site.									
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Em	ployee Acknowledgment					
Name:	Date:					
g.						
Signature:						
Supervisor Acknowledgment						
Name:	Date:					
Signature:						
Vice Presiden	nt/Division Head Acknowledgment					
Name:	Date:					
Signature:						
Human Resources Acknowledgment						
Name:	Date:					
Signature:						
Completed By Human Resources						
Agreement in Employee Personnel File						
Work Schedule Form updated and in Per	sonnel File					