The practice of working at an approved remote location instead of physically traveling to a central workplace is a work alternative that University of Florida supervisors may offer to employees. Such requests must meet the eligibility criteria established by the University of Florida’s Remote Work Location Policy and be in alignment with federal and immigration laws and relevant laws for the country the employee will be working remotely. When such working arrangements would benefit both the organization and employee, resources can accommodate the request, and supervisory discretion allows for the employee to work at a remote location.

UF employees may be eligible to work at a remote location immediately upon hire. Eligibility will be dependent on various factors. University of Florida supervisors are not obligated to provide this arrangement, and the university has the right to refuse to make working at a remote location available to any employee and/or to terminate the arrangement at any time—regardless of whether the request meets the established criteria. Assignment of a remote work location is not a benefit, term, or condition of employment.

An employee who chooses to work at an approved remote location has the right to return to their former in office work patterns at any time upon providing 14 calendar days’ notice or to exercise their rights under applicable Family and Medical Leave Act or University of Florida leave policies.

**Employee Information** – Agrees to all conditions described in the University of Florida’s Remote Work Location Policy found at <https://hr.ufl.edu/forms-policies/policies-managers/alternate-work-location/>.

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| --- | --- | --- | --- | --- | --- | --- |
| **College:** | Click or tap here to enter text. | | | | | |
| **Department ID & Name:** | Click or tap here to enter text. | | | | | |
| **Requestor Name:** | Click or tap here to enter text. | | | | | |
| **Requestor Contact Phone:** | Click or tap here to enter text. | | | | | |
| **Requestor Email:** | Click or tap here to enter text. | | | | | |
| **Hiring Manager/Supervisor Name:** | Click or tap here to enter text. | | | | | |
| **EMPLOYEE INFORMATION** | | | | | | |
| **Employee Name:** | Click or tap here to enter text. | | | | | |
| **UFID# (if any):** | Click or tap here to enter text. | | | | | |
| **Job Title:** | Click or tap here to enter text. | | | | | |
| **Classification of the position:** | Choose an item. | | | | | |
| **Employee’s Current Address:**  *(include city, state/region, and country)* | Click or tap here to enter text. | | | | | |
| **Is this employee a new hire or an existing UF employee?** | | | | Click or tap here to enter text. | | |
| **What is this employee’s country of citizenship?** | | | | Click or tap here to enter text. | | |
| **Will the employee require visa to work at the alternate work location?** | | | | Click or tap here to enter text. | | |
| **Does the individual possess a visa to work in the United States?** | Click or tap here to enter text. | | | **If yes, then what type?** | Click or tap here to enter text. | |
| **EMPLOYMENT REQUEST INFORMATION** | | | | | | |
| **How long will this employee be working abroad?***(Please indicate the start and end date for each location)* | | | Click or tap here to enter text. | | | |
| **Will the employee be working permanently abroad or will the employee be returning to work in the U.S.?** | | | Click or tap here to enter text. | | | |
| **Where will the employee physically be working? (e.g. home, renting an office space, office space in another organization)?** *(Please list all locations and details of the dedicated workspace)*  Click or tap here to enter text. | | | | | | |
| **What is the address of the employee’s work location abroad?** *(Address, city, state/region/province, and country for all locations)*  Click or tap here to enter text. | | | | | | |
| **What is the reason and the purpose for working abroad?**  Click or tap here to enter text. | | | | | | |
| **What type of work will the employee be performing abroad and how is it critical to the mission and the goals of the institution and the unit?** *(Be specific)*  Click or tap here to enter text. | | | | | | |
| **Will the employee be collaboration with another organization, entity, or partnership? If yes, please indicate the name of the collaborator(s)/partnership.** | | | | YES  NO  Click or tap here to enter text. | | |
| **Will the employee be holding a position, an appointment, or an affiliation with another organization/partnership? If yes, please name all organizations/partnership.** | | | | YES  NO  Click or tap here to enter text. | | |
| **What is the funding source for this employee’s position/work?** | | | | Click or tap here to enter text. | | |
| **What is your method of compensating the employee?** | | | | Click or tap here to enter text. | | |
| **RESEARCH RELATED INFORMATION**  **(MUST COMPLETE FOR RESEARCH RELATED WORK)** | | | | | | |
| **Will this employee be conducting any work that is research related or affiliated with a sponsored project?** | | | | Click or tap here to enter text. | | |
| **Describe the work this employee will be performing for the research project?**  Click or tap here to enter text. | | | | | | |
| **Is this a sponsored research project? If yes, who is or will be funding this research?** | | | | YES  NO  Click or tap here to enter text. | | |
| **Award or project number associated with the project (if any)** | | | | Click or tap here to enter text. | | |
| **If this is a federally funded research, has an approval been granted from the federal agency for the employee to conduct work abroad?** | | | | Click or tap here to enter text. | | |
| **Has UF Sponsored Programs reviewed and approved this employee to conduct research abroad?** | | | | Click or tap here to enter text. | | |
| **Has this been reviewed for export control considerations by UF Research Integrity?** | | | | Click or tap here to enter text. | | |
| **BUSINESS AND OUTSIDE ACTIVITIES (MUST COMPLETE)** | | | | | | |
| **Will this employee be engaging in any activities on behalf of the University of Florida? If yes, then provide details:**  YES  NO  Click or tap here to enter text. | | | | | | |
| **Will the employee be conducting any business and/or financial transactions on behalf of the University of Florida while working abroad?** | | | | Click or tap here to enter text. | | |
| **Will the employee be expecting any reimbursement from the University of Florida while working abroad?** | | | | Click or tap here to enter text. | | |
| **Will this employee be engaging in any outside activities (paid or unpaid) while working abroad?**  *(This includes working for another organization, engaging consulting service, and providing volunteer work for another organization).* | | Choose an item. | | **If yes, has the employee completed a UF Disclosure of Outside Activities Form for all activities this employee will be performing while abroad?** | | Click or tap here to enter text. |
| **REMOTE WORK AGREEMENT** | | | | | | |
| **What UF equipment will this employee be taking to perform work abroad?** | | | | Click or tap here to enter text. | | |
| **What computer network and security access will this employee need in order to perform work abroad?** | | | | Click or tap here to enter text. | | |
| **List the arrangement agreed upon for providing internet access by the employee working at the remote work location** | | | | Click or tap here to enter text. | | |
| **List the arrangement agreed upon for handling telephone calls made by the employee working at the alternate work location** | | | | Click or tap here to enter text. | | |
| **List arrangements agreed upon by the employee and the supervisor on managing and supervising the employee abroad (including when coworkers may have access to the employee, when telephone calls may be expected, etc.)** | | | | Click or tap here to enter text. | | |
| **Working fewer hours than FTE, remaining hours will be covered by: Leave, Leave without Pay, Work at the official university work location, or Not applicable (Appropriate supervisor must approve any changes to the schedule in advance)** | | | | Click or tap here to enter text. | | |

The information I have provided in this agreement is accurate and true to the best of my knowledge and will be followed under the direction of my supervisor. I understand the provisions of this agreement are made in compliance with applicable law and UF policies and without regards to race, sex, age, disability or any other protected status. I understand that if any information changes, it is my continuing duty to inform my supervisor and initiate the completion of an updated agreement. I agree that, among other things, I am responsible for establishing specific work hours during which I may be reached directly; furnishing and maintaining my remote work location in a safe manner; receiving permission to leave my remote work location from my supervisor during my scheduled work hours; reporting to primary UF work location within a reasonable time frame; employing appropriate security measures; and protecting university assets, information, confidential materials, and systems. I further understand and agree that working at a remote location is voluntary, inherently temporary, and that the University of Florida may at any time terminate the agreement without any period of notice. I hereby confirm that I have no right expectancy or property interest that any new offer regarding a remote work location or telecommuting will be made or that the agreement will continue. I also agree to hold the state harmless against any and all claims, excluding workers’ compensation claims, resulting from working at a remote location.

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Employee’s Signature Date

**Supervisor’s Contact Information:**

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| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

Supervisor’s Name (Please Print) Phone Number Email Address

**Approval Signatures:**

|  |  |
| --- | --- |
|  | Click or tap here to enter text. |

Supervisor Signature Date

|  |  |  |
| --- | --- | --- |
| Click or tap here to enter text. |  | Click or tap here to enter text. |

Chair (Please Print) Chair’s Signature Date

|  |  |  |
| --- | --- | --- |
| Click or tap here to enter text. |  | Click or tap here to enter text. |

Dean, Director, or Designee (Please Print) Dean, Director or Designee’s Signature Date

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|  |  |  |

VP of Human Resources or Designee Vice President of HR/Designee’s Signature Date

(Please Print)

Please be sure to give consideration to the countries of concern prior to forwarding this form to UF Human Resources at [globalservices@hr.ufl.edu](mailto:globalservices@hr.ufl.edu) for final HR review and approval.