



Remote Work Agreement (Faculty)

This form must be completed in full before any remote or hybrid work arrangement can be approved. When considering a remote work arrangement, the employee and supervisor should look at the practical costs and benefits, discuss work expectations, and agree on how those expectations will be met. Please review the instructions and the General Guidance document, and make sure all required sections are completed accurately.

This agreement is not a contract of employment, does not provide any contractual rights to continued employment, does not create a binding working condition, and only lasts as long as the employment relationship itself. It does not alter or supersede the terms of the existing employment relationship. **All remote work (100% telework) requests require the approval of the President. This provision does not apply to arrangements made through the disability accommodation process.** Please see American with Disabilities Act (ADA) [Requests](#).

Employee Information:

Employee Name: _____ Position: _____ V#: _____
Department: _____ Supervisor (Name/Email): _____
Position Type: _____ Current Status: _____
FLSA Status: _____ Arrangement Requested by: _____

Type of Remote Work (check all that apply)

☐ Remote Work ☐ Reduced Hours

Alternate Work Location(Include city/state): _____

Begin Date: _____ End Date (if applicable): _____

Check all that apply: ☐ Indefinite (Reviewed annually) ☐ 100% Remote ☐ Partially Remote (Hybrid)

Number of days per week remote: _____

Number of hours per day remote: _____

A work schedule is to be discussed and agreed upon between the supervisor and employee. The schedule should be set to support the university's needs and reflect the employee's workflow. Employees will be generally expected to be available during the regular work day of 8 am - 5:00 pm Monday-Friday, with faculty employees generally expected to be available as required in the faculty CBA.

Please indicate whether you are moving to 100 % remote or a partially remote (hybrid, such as one or two days per week and/or part of each workday) and provide your typical work schedule with an understanding that schedule variations may occur. Faculty schedules may not be easily captured in the "Work Hours" section and details may be added in "Notes" below.

| Day of the Week | Work Hours | Work Location |
|------------------------------------|------------|---------------|
| <input type="checkbox"/> Sunday | | |
| <input type="checkbox"/> Monday | | |
| <input type="checkbox"/> Tuesday | | |
| <input type="checkbox"/> Wednesday | | |
| <input type="checkbox"/> Thursday | | |
| <input type="checkbox"/> Friday | | |
| <input type="checkbox"/> Saturday | | |

*If an employee proposes to work remotely from a **state other than Oregon**, the employment laws of that state must be reviewed to determine whether the arrangement is appropriate and can be approved. **The proposed out-of-state work**



Remote Work Agreement (Faculty)

location must be reviewed and approved by the Human Resources/Payroll Office to ensure it does not create unexpected or burdensome tax or compliance obligations. Approval must be obtained before any commitments are made to the employee.

Rationale for Remote Work

What is the primary justification for requesting a remote or hybrid work arrangement for this position? (*Examples: operational efficiency, recruitment/retention, work requiring deep focus, etc.*).

How might working away from campus affect collaboration, student support, or timely service? What steps will be taken to prevent or address these impacts?

What alternatives were considered (such as flexible scheduling or workspace adjustments), and why is remote work the most appropriate option for this role?

How will the department ensure that student access, support, and responsiveness remain the highest priority under this arrangement?

How will communication and service expectations for students, faculty, and staff be met while the employee works remotely?

What strategies will be used to ensure the employee remains accessible and engaged with students, colleagues, and campus partners?

How will performance, service quality, and student-facing outcomes be monitored to confirm that remote work does not diminish engagement or support?



Remote Work Agreement (Faculty)

Required to be Completed by the Supervisor: Operational and Supervisory Considerations

How will you provide regular feedback, direction, and performance management for an employee working remotely or in a hybrid schedule?

What communication practices or tools will you use to support consistent teamwork between remote and on-campus staff?

What specific metrics, service expectations, or outcomes will you review to ensure the remote work arrangement continues to meet departmental and institutional needs?

*Supervisors, please complete the Remote Work Expectations form and attach with this packet.

Remote Work Arrangement Modification:

This agreement for a remote worker lasts only as long as the employment relationship itself, or until modified. **This provision does not apply to arrangements made through the disability accommodation process.** Please see American with Disabilities Act (ADA) **Requests**. All employee-proposed changes are subject to departmental approval.

The agreements for remote work should be renewed annually. Temporary modifications to this agreement should be discussed between the employee and supervisor. Long-term or substantive modifications should be documented by revising this agreement.

Remote Work Review:

Specify a date to meet and discuss the effectiveness of this agreement: **Review Date:** _____

Faculty Agreement: (Please initial each statement) *(If applicable)*

____ I understand that remote or hybrid work is optional, must support academic and institutional needs, and may be modified or ended at any time with reasonable notice.

____ I affirm that all instructional, advising, research, and service obligations will be met at the same level of quality and timeliness as when working on campus.

____ I will maintain consistent availability to students through scheduled office hours, email, virtual meetings, and other approved communication methods.

____ I understand that student access and academic support must remain a top priority, and I will ensure that my remote work schedule does not limit or delay student engagement.

____ I will maintain regular communication with my academic unit, colleagues, and dean to support curriculum planning, program needs, and departmental operations.

____ I will safeguard all University data, including student information protected under FERPA, and follow all data security requirements for remote work.



Remote Work Agreement (Faculty)

____ I understand that any University-owned equipment issued for remote or hybrid work is the responsibility of my academic division or department, and I will return it promptly if this agreement ends.

| Equipment | Provided by | Responsible for loss or damage |
|---|-------------|--------------------------------|
| Laptop | | |
| Docking Station | | |
| Computer | | |
| Mouse | | |
| Keyboard | | |
| Monitor(s) (# of monitor): # | | |
| Web Cam | | |
| Phone | | |
| Headset/microphone | | |
| Power strip/extension cord | | |
| Printer | | |
| Office Supplies | | |
| Ergonomic modifications (e.g., keyboard tray, glare filter, foot stool, etc.) | | |

____ I will ensure that my remote work does not diminish participation in required meetings, committees, campus activities, or other service expectations unless specifically approved by my dean.

____ understand that all instructional delivery, whether remote or in person, must align with approved course modalities, accreditation standards, and University policies.

- University equipment will be used only by me and only for work-related purposes. ____
- All University equipment will be returned within two business days if this agreement ends. ____
- IF I use my own personal device, I will remove any University-provided software or data from my personal devices when this agreement ends. ____
- I understand that I am responsible for my own equipment and that the University does not cover damage, repairs, or maintenance for personal devices. ____

____ I will notify my supervisor in advance and record leave appropriately when I am unavailable during times I would normally be working remotely.

By signing below, I affirm and agree to the expectations outlined in this agreement.

Faculty Printed Name

Signature

Date



Remote Work Agreement (Faculty)

Supervisor Agreement: (Please initial each statement)

____ I understand that remote work is optional, must support University and departmental needs, and may be modified or ended at any time with reasonable notice.

____ I have reviewed the employee's position responsibilities and confirm that the duties are appropriate for a remote or hybrid arrangement.

____ I will provide clear expectations regarding work hours, communication, responsiveness, and availability while the employee is working remotely.

____ I will maintain regular check-ins to provide feedback, direction, and support, and I will monitor performance to ensure service levels remain consistent.

____ I will ensure that communication practices allow for effective teamwork and collaboration between remote and on-campus staff.

____ I will confirm that the employee has completed the required data security review and understands their responsibility to safeguard University data.

____ I understand that any University-owned equipment issued to the employee remains the responsibility of the department, and I will ensure equipment is tracked and recovered if the agreement ends.

____ I will evaluate whether student support, workflow, and service delivery are maintained under this arrangement and will address any performance or service concerns promptly.

____ I will review relevant metrics or outcomes periodically to determine whether the arrangement continues to meet operational and institutional needs.

____ I will ensure compliance with all applicable University policies, collective bargaining agreements, and employment laws related to remote work.

____ **I will consult Human Resources and Payroll if the arrangement involves an out-of-state work location or raises questions about labor, tax, or compliance obligations.**

By signing below, I affirm that I understand my supervisory responsibilities, and agree to support and monitor this remote work arrangement.

Dean Printed Name

Signature

Date

Notes:



Remote Work Agreement (Faculty)

Final Administrative Approvals

Payroll/HR Out-of-State Compliance Review (Required for any Non-Oregon Work Location)

This section must be completed by Director of Payroll Services and CHRO before any remote work arrangement involving an out-of-state work location is approved.

Remote work outside Oregon creates tax, wage, reporting and compliance obligations that must be evaluated prior to final approval.

Out-of-State Location Information:

Proposed Remote Work State: _____ City: _____ County: _____

- ☐ The employee's proposed location has been reviewed for state income tax, withholding, and reporting requirements.
- ☐ The location does not create unexpected, burdensome, or non-compliant payroll obligations for WOU.
- ☐ The employee's position is eligible for out-of-state work under WOU policy.
- ☐ Workers' Compensation and labor law posting requirements have been reviewed for the proposed state.
- ☐ The department has been advised of any additional payroll or compliance requirements (if applicable).
- ☐ The employee may proceed to final approval steps.

OR

- ☐ The proposed location is not allowable due to tax or compliance restrictions.

List compliance/tax issues:

- ☐ Approved
- ☐ Declined – Not eligible for out-of-state work
- ☐ Requires modification or additional review

CHRO Printed Name

Signature

Date

Payroll Director Printed Name

Signature

Date

Notes:

Note: Final approval from the Senior Leadership Member, and (if applicable) the President cannot be granted until Payroll/HRIS completes this section and confirms compliance.



Remote Work Agreement (Faculty)

Administrative Approvals:

| | | |
|---|--------------------|---------------|
| _____ Direct Supervisor Printed Name | _____ Signature | _____ Date |
| _____ Dean/VP Printed Name (If applicable) | _____ Signature | _____ Date |
| _____ Senior Leadership Printed Name | _____ Signature | _____ Date |
| _____ CHRO Printed Name | _____ Signature | _____ Date |
| _____ President Printed Name (If applicable) | _____ Signature | _____ Date |

☐ Approved Date: _____ Reassessment Date: _____

☐ Declined: Indicate the reason for decline and any steps required for reconsideration: