



## Remote Work Agreement (Staff)

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 and does not guarantee continued employment or create any permanent or binding working conditions. It does not change or override the terms of the existing employment relationship and remains in effect only for the duration of that relationship.

Requests for remote work arrangements, including 100% telework, require approval from the President. **Remote work provided as a reasonable accommodation is not governed by this agreement and is instead reviewed and approved through the University's ADA interactive process.** Employees seeking an accommodation should follow the ADA accommodation request process by clicking here: [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): \_\_\_\_\_

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

Begin Date: \_\_\_\_\_ End Date (if applicable): \_\_\_\_\_

☐ Indefinite (Reviewed annually)

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.

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		



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\*For hourly employees, advance supervisor approval is required if remote work will result in the employee working more than 40 hours in a week.

\*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 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, position requires focused, uninterrupted work, 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?



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

**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. 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:** \_\_\_\_\_

**Classified/Unclassified Employee Agreement:** (Please initial each statement)(*If applicable*)

\_\_\_\_ I will remain accessible by telephone and other approved communication tools during my remote work hours.

\_\_\_\_ I understand that remote work is a mutually agreed upon option between my supervisor and me. My supervisor may require me to work on campus on days I would normally work remotely. When possible, advance notice will be provided.

\_\_\_\_ I understand that my job duties, responsibilities, salary, and benefits remain the same under this arrangement.

\_\_\_\_ My supervisor and I have reviewed the requirement to safeguard University data, including personally identifiable information and other protected records.



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\_\_\_\_\_ I have been issued the following University-owned equipment and accept responsibility for its proper use and care:

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.)		

- 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 agree to designate and maintain a specific work area in my home for remote work. This space will be kept in a safe condition and free from hazards.

\_\_\_\_\_ I am responsible for setting up a safe and ergonomically appropriate home workstation.

\_\_\_\_\_ I understand that I am covered by Workers' Compensation for injuries that arise out of and in the course of University-approved work performed remotely. I will report any work-related injury to my supervisor and the appropriate campus officials immediately.

\_\_\_\_\_ I understand that the University is not responsible for injuries to third parties, including family members, in my remote work location unless caused by the University's negligence. I understand that I may wish to secure personal liability coverage for my home.

\_\_\_\_\_ will notify my supervisor in advance and record my time and leave in Web Time Entry.

\_\_\_\_\_ I may end this agreement at any time with reasonable notice. I also understand that the University may modify or end this agreement at its discretion, based on operational needs or changes in my position responsibilities.

Additional Details:

I hereby affirm by my signature that I have read the Remote Work Guidelines and understand and agree to all provisions and terms therein.

\_\_\_\_\_  
Employee Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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**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.

\_\_\_\_\_  
Supervisor Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

NOTES:



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**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.



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**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: