



REMOTE WORK AGREEMENT

SECTION I - EMPLOYEE INFORMATION

Last Name	Job Title/Position	Employee ID Number
First Name	Department/Agency/Division	Telephone Number
Proposed Remote Worksite (Remote work outside Michigan requires written approval of the Office of the State Employer)		
Proposed Effective Dates	Locations	
From:	To:	<input type="checkbox"/> Home <input type="checkbox"/> Other
Street Address (P.O. Box not acceptable)		
City:	State:	Zip Code:

SECTION II - EMPLOYEE CERTIFICATIONS, SCHEDULE, AND ACKNOWLEDGMENT

I certify that:

1. I have read the [Remote Work Guidelines](#)¹ and [Acceptable Use Standard](#)² and will abide by all their provisions.
2. I have reviewed expectations and communication requirements in my remote-work plan and SOM and agency privacy and security requirements for my remote work with my supervisor.
3. I have agreed to establish a remote workspace at the location identified above and my remote workspace meets the Health and Safety Standards in the Remote Work Guidelines.

I understand that:

1. Agency policies and work rules applicable to state offices also apply to the remote-work location and failure to follow agency policies and work rules may result in disciplinary action and ending remote work.
2. I will promptly notify my supervisor if I need to change any term of this agreement so that a revised agreement can be entered.
3. I will not be compensated for using personal equipment, if authorized, to work remotely and reimbursement for travel and meals will not be available based on work at an authorized remote work location.
4. If approved to use a privately owned phone or device during remote work, my device may be subject to discovery under court rules, court orders or litigation holds, acceptable-use or cyber-security incident investigations by the state, and Freedom of Information Act (FOIA) requests.

Remote Work Schedules

	First Week of Pay Period								Second Week of Pay Period							
	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Total	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Total
In-office work hours																
Remote work hours																
Start time																
Meal period																
End time																

ACKNOWLEDGEMENT

I understand that this Remote Work Agreement can be ended by the appointing authority anytime for any reason and that I can end this agreement if it is discretionary. If feasible, when ending a Remote Work Agreement, two weeks' notice will be given. If the appointing authority ends this agreement, I understand that I cannot grieve its ending. By signing below, I certify that I have read this form and understand and accept all the conditions and requirements referenced in it.

Employee Signature

Date

¹ [Remote Work Guidelines](https://michigan.gov/documents/ose/Remote_Work_Guidelines_717791_7.pdf) (https://michigan.gov/documents/ose/Remote_Work_Guidelines_717791_7.pdf)

² [Acceptable Use Standard](http://michigan.gov/documents/dtmb/1340.00.01_Acceptable_Use_of_Information_Technology_Standard_458958_7.pdf) (http://michigan.gov/documents/dtmb/1340.00.01_Acceptable_Use_of_Information_Technology_Standard_458958_7.pdf)

SECTION III - SUPERVISOR RECOMMENDATIONS

Yes No If no, provide reason:

Supervisor Signature _____ Date _____

Yes No If no, provide reason:

Office/Division Director Signature _____ Date _____

If recommending approval, complete Section IV before forwarding to appointing authority.

SECTION IV - SUPERVISOR'S CHECKLIST FOR REMOTE WORKERS

Supervisor Name _____

State equipment, software, and services are documented.

Yes No

Provided supplies and eligible employee reimbursements have been identified and a list is attached.

Yes No

Performance expectations, communication procedures, and privacy and security requirements were documented and explained to the employee in a remote-work plan.

Yes No

Supervisor Signature _____ Date _____

SECTION V - APPOINTING AUTHORITY ACTION

Approved Disapproved If disapproved provide reason:

Effective Dates of Agreement

Start Date: _____ Ending Date: _____

Appointing Authority (or Designee) Signature _____ Date _____

Appointing Authority Comments:

