Oklahoma State University
Alternate Work Agreement Form

HUMAN RESOURCES

This document is intended to ensure both supervisor and employee have a clear, shared understanding. Each arrangement is unique depending on the needs of the employee, supervisor, position, department, and the university. This agreement is not a contract and does not provide contractual rights to continued employment, or to remote work location or alternate work hours. It does not alter or supersede the terms and conditions of employment of the current employment agreement.

EMPLOYEE REMOTE WORK LOCATION INFORMATION

Employee Name:	
Employee Campus-Wide ID:	
Position Number and Job Title:	
Department and Organization Number:	
Campus or Facility Location and Address: (Primary Location)	
Supervisor:	
Requested By:	
Remote Work Location Address: (If applicable)	
Agreement Start Date:	
Agreement End Date:	

MODIFICATIONS

Either the employee or the university may end this arrangement at any time. The employee will be expected to report to the principal location of work at the time the agreement ends (unless extended). All employee-proposed changes to an existing agreement are subject to department and/or university approval.

REVIEW

Work agreements are to be reviewed periodically. Changes to the agreement should be documented and reviewed by the employee and supervisor. Long-term or substantial modifications should be documented through a revised agreement. Should the employee move from the designated address of the remote work location, they will notify the supervisor in advance, who will ensure the agreement is modified and reviewed as appropriate.

WORK SCHEDULE AND LOCATION

Please indicate whether you are moving to remote (100%) or a hybrid (partially remote, such as one or two days per week and/or part of each workday) and provide your typical work schedule with an understanding schedule variations may occur.

☐ Remote   ☐ Hybrid   ☐ Alternate Work Schedule

DAY OF THE WEEK	CURRENT WORK HOURS	PROPOSED WORK HOURS	WORK LOCATION
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

Meal Break from _____ to _____

Notes about work schedule _____

Please note, the employee must work the equivalent of their FTE (1.0 FTE = 40 hours). Also, the employee will take no less than a 30-minute meal break during the course of the day. This time should be designated above.

SPACE, EQUIPMENT AND TECHNOLOGY ACCESS

The employee and supervisor agree to work together to ensure that the remote work location is safe, ergonomically suitable, free from distractions, and allows for maintaining appropriate confidentiality of records and information. The employee agrees to immediately report any job-related accidents occurring during established work hours in accordance with university procedures. Any specific equipment needed at the remote work location should be outlined on the Memorandum of Agreement OSU Equipment Checkout for University Business at Non-University Location Form. All information technology guidelines should be followed to ensure the safety and security of data. In the event of equipment failure or service interruption, the employee should notify the IT Help Desk immediately.

POLICY AND PROCEDURE ACKNOWLEDGEMENTPOLICY ACKNOWLEDGEMENTS	EMPLOYEE INITIALS	SUPERVISOR INITIALS
I have read and understand the Intellectual Property Policy, 1-0202.		
I have read and understand the Appropriate Use Policy, 3-0601.		
I have reviewed and understand my departmental time and leave reporting requirements.		

Remote Work Suitability Assessment (To be completed by supervisor)

Section 1: Business Need

1	Does this remote work arrangement serve the best interests of the university?	☐ Yes ☐ No
2	Would a remote work arrangement enhance, maintain, or diminish operational efficiencies?	☐ Enhance ☐ Maintain ☐ Diminish
3	Does the addition of remote work arrangement(s) enhance the productivity of the department and the employees?	☐ Yes ☐ No

Notes: _____

Section 2: Position Suitability

1	Does the position require ongoing access to equipment, materials, and files that can only be accessed on campus?	☐ Yes	☐ No
2	Does the position require extensive face-to-face contact with students, supervisors, other employees, or the public?	☐ Yes	☐ No
3	Does the position require extensive time in meetings or on collaborative efforts within the department or other units/departments?	☐ Yes	☐ No
4	Does the position regularly perform work on campus or at a facility work location?	☐ Yes	☐ No
5	Does the position have job duties that require presence on campus or at a facility work location?	☐ Yes	☐ No

Notes: _____

Section 3: Employee Suitability

1	Are there concerns with the employee's performance history (including corrective action)?	☐ Yes	☐ No
2	Does the employee possess appropriate time management and organizational skills?	☐ Yes	☐ No
3	Does the employee have the necessary computer skills to complete their required job functions outside of the office?	☐ Yes	☐ No
4	Does the employee understand their role and expectations, and require little supervision to complete their tasks?	☐ Yes	☐ No
5	Can the employee's performance in a remote work setting be measured and evaluated?	☐ Yes	☐ No
6	Is the employee able to initiate tasks on their own and considered to be a self-starter?	☐ Yes	☐ No
7	Does the employee consistently meet deadlines?	☐ Yes	☐ No

Notes: _____

Section 4: Supervisory Approach

1	Are you comfortable allowing this employee to work in a remote setting with less direct oversight?	☐ Yes ☐ No
2	How frequently do you monitor the employee's work performance?	☐ Weekly ☐ Monthly ☐ Other
3	Are you comfortable communicating virtually with the employee?	☐ Yes ☐ No
4	Have you been successful in establishing clear objectives?	☐ Yes ☐ No
5	Can you accurately measure the employee's performance, outcomes, and time worked in a remote work setting?	☐ Yes ☐ No
6	Do you trust the employee will be productive without continuous supervision?	☐ Yes ☐ No

Notes: _____

Section 5: Team Effectiveness

1	Do team members frequently work on detailed and complex projects that require collaboration and partnership?	☐ Yes ☐ No
2	Does an employee's work location impact teamwork processes and efficiency?	☐ Yes ☐ No
3	Can the team sustain engagement in a remote or hybrid work environment?	☐ Yes ☐ No
4	Does the team possess resiliency to maintain trust and a strong team morale in the face of challenges?	☐ Yes ☐ No
5	Would the team support and embrace a work environment with a combination of on site and remote work arrangements?	☐ Yes ☐ No

Notes: _____

Summary

Based on the collective responses to the assessment questions, do you recommend this position be considered for a remote work arrangement? If no, please indicate the primary business reason/suitability factor below.	☐ Yes ☐ No

☐ Business Need ☐ Position Suitability ☐Employee ☐ Supervisory ☐ Team Effectiveness ☐Suitability Approach
Notes:

Is there a maximum % of time or number of days feasible for remote work? If yes, please specify.	☐ Yes ☐ No Max % Time:
Does the department have the appropriate budget, equipment, and resources to support a remote work arrangement?	☐ Yes ☐ No

Employee Immigration Status. Please confirm employee's immigration status. Due to the complexities of US immigration law and the possible need for additional documentation and certification within the Department of Labor **prior** to work commencing, any changes in work location regarding international employees require additional OSU HR review.

Options: ☐ Domestic ☐ International*

Signatures

Employee Signature _____   Date: _____

Supervisor/Department Head Signature _____   Date: _____

University Human Resources Signature* _____   Date: _____

Director/Dean Signature _____   Date: _____

Vice President Signature _____   Date: _____

Please return a complete form to your supervisor, college/division office, and OSU Human Resources.

*All out-of-state requests for remote work require additional review by University Human Resources.
*All requests for remote work for international employees require additional review by University Human Resources.