





Job Duties/Tasks to be Performed at Alternate Work Location:

**Remote Work Agreement**

By signing this form, I agree to abide by the expectations set forth in **FPU-6.0730P** Remote Work Policy. I understand that I am responsible for having appropriate equipment and technological access at the remote work location to ensure my job duties can be completed. Should any of the terms/conditions of this agreement change, I am to update my supervisor and Human Resources immediately. I understand that this Remote Work Agreement can be terminated at any time.

**Department/Division Review:**

Approved (as specified above or with the following modifications):

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Denied (provide explanation):

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By signing this form, I certify I have reviewed the current Remote Work Agreement and that my determination is based on organizational needs, the employee’s ability to perform their work effectively at a remote work location, and the employee’s demonstrated sustained high performance.

\_\_\_\_\_  
Supervisor’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Vice President’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**Completed forms should be emailed to Human Resources at [hr@floridapoly.edu](mailto:hr@floridapoly.edu) for review and processing.**

Date Received in Human Resources: \_\_\_\_\_