

**A New Workplace: Modernizing where, how and when *Utah Works*  
Employee Acknowledgement and Remote Work Agreement**

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

Job Title \_\_\_\_\_

Employee Agency/Division \_\_\_\_\_

This document acknowledges the formal agreement between the agency and the employee, allowing the employee to Remote work from home or another alternative work location. The employee shall work a maximum of two business days per week in a state office building on an ongoing basis. The sole purpose of the agreement is to regulate the Remote work arrangement, and it does not constitute a contract of employment.

The employee may be required to work from the regular worksite on scheduled Remote work days based on operational needs.

Employee understands that if using personally-supplied equipment or software, the department is released from any and all liability associated with business use of those items. The State of Utah or [department] is not liable for any damage to personal or real property while the employee is performing official duties at an alternative work location.

The employee acknowledges that the agreement is subject to and requires the employee to comply with all applicable federal, state, and municipal laws as well as state administrative rules, and agency policies including those dealing with time reporting and overtime, and can be modified at the discretion of agency management. The employee must accurately report time and get approval prior to working any overtime.

Commute time[(s)] from home to work and from work to home are not considered work hours and are not compensable under 5 C.F.R. § 551.422 and 5 C.F.R. § 550.112 (j)(2). An employee may be compensated for commute time if he or she is officially directed to perform work while commuting. However, an employee cannot be compensated for travel to and from his/her official duty station as a normal incident of employment.

Time spent traveling outside of regular work hours may only be compensated with prior approval.

As a condition of a Remote work arrangement, management may make arrangements to inspect the Remote work environment for various work related issues, including safe working conditions, maintaining appropriate confidentiality, management reviews, and equipment security. Supervisors retain the authority to disapprove an employee's selection of a particular alternative worksite arrangement if, in the supervisor's opinion,

the worksite is not business appropriate and/or fails to provide a working environment compliant with this Policy.

The Remote work arrangement is voluntary and is not an employee right. The arrangement may be discontinued at any time for any reason.

1. I agree to follow the [department] *Utah Works* Policy: **Y / N**
2. My weekly work schedule

[Exempt employee _____]	Alternate Work Schedule (hours)				
	Office		Remote Worksite		
Days	Begin	End	Begin	End	Total hours
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
<b>Total Hours</b>					

3. My supervisor will maintain an official copy of my work schedule. I agree to make arrangements in writing to my supervisor if I need to deviate from this schedule.
4. I understand my employer/supervisor has the discretion to change my work schedule at any time.

5. I understand my employer/supervisor has the discretion to require me to change my regularly scheduled remote work day and work from another worklocation.
6. On the days I am scheduled to report to a workplace other than my home office or other approved remote work location, I will not begin performing work until I reach the assigned workplace unless such work is authorized by my supervisor.
7. I will follow DHRM and agency/division policy to request the use of leave and use appropriate leave as outlined in DHRM rule.
8. I acknowledge that I will comply with all Enterprise Information Security Policies outlined by the Department of Technology Services, Utah Administrative Code [R895-7](#) and my agency/division.
9. I acknowledge that I am required to attend any in-office meetings or other activities as requested by my supervisor.
10. As part of this program, I will provide any information related to performance metrics, surveys, or other data that may be required.
11. I understand that my supervisor or other authorities at the State may monitor my work related activities.
12. I acknowledge that I have the responsibility to maintain safe working conditions at my home or approved alternative work site. I will immediately report to my supervisor and/or my DHRM representative any accident or injury occurring at my alternative work site. \*\*
13. I agree to proactively communicate frequently with my supervisor in the supervisor's preferred method of communication.
14. I will maintain contact with the work unit, as appropriate, to successfully perform assigned duties and responsibilities.
15. I will plan to do any photocopying, paper mailing, or other duties incurring a cost either at the office or with my supervisor's approval.
16. I will use approved safeguards to protect state records from unauthorized disclosure, damage, or release of confidential business information and to comply with all requirements set forth by the agency and State laws, rules, policies, and regulations.
17. I will immediately inform my direct manager or supervisor any time there is an actual or suspected system security issue that arises.
18. I will provide a picture of my alternative site workspace and submit to my supervisor. That picture will be attached to this agreement and uploaded to my UPM.
19. I will notify my supervisor if the address of my alternative work site needs to change and understand the new site will need to be authorized in the same manner as the original site.
20. I agree that I will not conduct any unauthorized personal business including but not limited to dependent care, elderly care, home repairs, other business activities, during agreed upon work hours. I will make arrangements for any necessary dependent care and other personal responsibilities so as to ensure that I can work without interruption.
21. I agree that I will complete the training required for participation in this program.
22. I understand that by participating in this program, I relinquish an assigned working space in a state office building. I will remove all personal belongings from my previously assigned space within two weeks of the date I begin teleworking.

- 23. I understand that when I work in a state office building, I will be working at a station not assigned to me but with the necessary plugins for me to do my work.
- 24. I understand that I am responsible for the state owned equipment housed in my alternative work site and that that equipment will be inventoried periodically.
- 25. I understand that my performance will be evaluated by UPM performance plan and by the following performance metrics.

**Performance Metric(s):**

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**Performance Metric Baseline:**

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I have read and understand all the provisions of the agreement and I agree to abide by them. I understand that if I fail to comply with the terms of this agreement, I will be subject to disciplinary action and that my participation in this Remote work agreement may be revoked.

Beginning Date for Remote work: \_\_\_\_\_

\*\*An employee's injury may or may not be covered under the State Workers Compensation employee coverage.

Agency Specific Protocols for Remote Work Arrangements:

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Performance expectations are documented, stored in the performance management system, and measures/reporting methods are clear.	Y / N
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Employee Name		EIN	
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Employee Signature		Date	
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Supervisor Approval		Date	
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Director Approval		Date	
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