

PROCEDURES for Policy on Remote Work

Effective Date: June 2, 2021

Policy # 02.116.1

Introduction

The University's Policy on Remote Work requires that non-faculty employees complete a Remote Work Agreement and abide by certain terms and conditions noted in the policy in order to undertake remote work for the University.

These procedures, as amended from time to time, have been established to ensure compliance with the above policy.

Questions regarding these procedures should be directed to the Assistant Vice President for Human Resources at the University.

Procedure

In order to undertake remote work at the University of Rhode Island, an employee must make arrangements with their supervisor and receive approval from their unit manager (for the purposes of this policy, an Academic Dean in any of the colleges, or if outside of the colleges, a direct report to a member of the Senior Leadership Team) and the Office of Human Resources. The arrangement is memorialized in a Remote Work Agreement.

1. Employee must discuss options with supervisor or unit manager.
2. Employee will complete Remote Work Agreement.
3. If the Remote Work Agreement is acceptable to the unit manager, the employee and unit manager sign Agreement.
4. Unit Manager must forward to the Office of Human Resources, Attn: AVP Human Resources.
5. If the remote work location is outside of Rhode Island, the AVP Human Resources must forward the Agreement to the Vice President for Administration and Finance for additional review and signature.
6. The Remote Work Agreement is filed with the Office of Human Resources.

Review and Renewal

The remote work arrangement is not automatically renewed, but must be reviewed at the request of the employee. A new Remote Work Agreement must be completed per the above procedures and filed with the Office of Human Resources.

Exceptions

None

Remote Work Agreement

Employee Information

Name: _____
 Title: _____
 Department: _____
 Employee ID: _____
 Email: _____

Contact Information

Cell Phone: _____
 Alternative Phone: _____
 Other means of contact: _____

Remote Work Location: _____

Remote Work Schedule: Start Date: _____ End Date: _____ (maximum 6 mos.)

Please note only days/times designated for remote work (*All overtime must be approved in advance)

Day	*Work Hours (HH:MM - HH:MM)
Sunday	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	

University-Owned Equipment

Equipment Description	Property Number or Other Identifier

Software

The employee agrees to have access to the following software/applications housed on University servers. Access to University networks must be undertaken via a VPN.

Application	Note

Personal Equipment

Equipment Description	Notes

Special Circumstances or other Terms and Conditions (leave blank if not applicable)

Agreement and Signatures

This agreement must be signed by the employee, the employee’s unit manager (for the purposes of this policy, an Academic Dean in any of the colleges, or if outside of the colleges, a direct report to a member of the Senior Leadership Team) and the Assistant Vice President for Human Resources (or their designee). In addition, should the remote work location be outside of Rhode Island, this agreement must also be signed by the Vice President for Administration and Finance (or their designee).

I, _____, attest that I have read the University of Rhode Island’s Remote Work Arrangements policy and agree to comply with the terms and conditions of this policy. I understand that my work responsibilities and expected levels of productivity will remain the same as if I were working at a University location.

1. I agree to maintain a safe work environment conducive to work productivity and be electronically accessible during work hours.
2. I agree to ensure arrangements, if applicable, for dependent care during work hours and agree to keep non-business disruptions (phone calls, visitors, etc.) to a minimum.
3. I agree to maintain standard work hours as noted in the Schedule above and will maintain appropriate work breaks. All overtime must be approved in advance.
4. I understand that I must seek approval for the discharge of vacation or other leave in the same manner as if I was working at a University location.
5. I understand that this agreement does not relieve me from attendance at meetings, trainings, or other mandatory on-site events within my department, barring any stipulations notes above.
6. I agree that I shall report any injury, equipment theft, loss, or damage immediately upon occurrence, allowing agents of the University to inspect my work location as applicable to the claim.
7. I agree that I shall work only on University-owned and configured equipment, unless noted otherwise below.
8. I agree that I shall maintain all endpoint security on any device used to access University networks. Additionally, I shall use a VPN connection for accessing any University network.
9. I shall return all University-owned equipment immediately and in good condition upon termination of this agreement.

10. I understand that the University of Rhode Island or my supervisor may terminate this agreement at any time due to non-performance or, if due to a change in business operations, with four weeks' notice.
11. I understand that this agreement will not automatically renew but must be reviewed and resubmitted for renewal prior to the Remote Work End Date noted above.

Employee Signature

Date

Print Name

APPROVALS

UNIT MANAGER

Unit Manager Signature

Date

Unit Manager Print Name

Unit Manager Title/Department

OFFICE OF HUMAN RESOURCES

Human Resources Officer Signature

Date

Human Resources Officer Print Name

Human Resources Officer Title

VICE PRESIDENT FOR ADMINISTRATION AND FINANCE (or designee; as applicable)

VPAF (or designee) Signature

Date

VPAF (or designee) Print Name

Designee Title (if applicable)