



HUMAN RESOURCES

Illinois State University

Temporary Work-at-Home Agreement for AP-Civil Service Appointments

The continued authorization of remote work is based on the Governor's guidance under the *Restore Illinois* plan and the Illinois Board of Higher Education's (IBHE) *Higher Education in Illinois: Safely Launching Academic Year 2020* document. The continuation of remote work is for the sole purpose of ensuring the safe and structured return to campus for our students, faculty and staff and in compliance with this guidance. While remote work may be appropriate for some employees and some jobs, it is not appropriate for all. Although extended, this authorization for continued remote work is temporary. Remote work should not be considered an entitlement or a University-wide benefit. This Temporary Work at Home Agreement in no way changes the terms and conditions of employment with Illinois State University.

This arrangement will only be in place based on the dates of the Temporary Work at Home Agreement as indicated on the attached addendum.

I have read the guidelines and understand my responsibilities as outlined in this Temporary Work at Home Agreement and on the attached addendum. I have also provided my supervisor with the appropriate information necessary for this temporary work at home situation. Should I need to change the predetermined schedule or request the use of benefit time, I will notify my supervisor immediately, following all established departmental procedures and protocols.

Print Employee Name: _____

UID/ULID: _____

Employee's Signature: _____

Date: _____



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I have read the guidelines and understand the supervisor's duties and responsibilities during the duration of this Temporary Work at Home Agreement. I have been provided with the necessary information required from the employee and will provide continued review of this arrangement in this temporary timeframe.

- I have completed all applicable documentation as indicated below:
 - An explanation of how productivity will be monitored
 - A brief description of the work to be accomplished at home
 - The dates for working at home and the daily work hours. I understand that this Temporary Work at Home agreement cannot extend beyond the end of the fall 2020 semester. If remote work is requested after this date, a new agreement will be required.
 - A telephone number where the employee can be reached during the work schedule
 - A record of University equipment to be used at home

I understand that I am responsible for monitoring work for reasonable productivity in a manner consistent with the work performed by the employee (e.g. through the submission of weekly updates of progress; by establishing deadlines for completion of projects; by comparing results with those of on-site employees with similar responsibilities; etc.).

Supervisor's Signature: _____ Date: _____

Supervisor Approval for Temporary Work at Home

(Check one): Approved Not Approved

Dean/Administrator Signature: _____ Date: _____

Vice President's Signature: _____ Date: _____

**Forward this form and all completed documentation to Human Resources
(Campus Box 1300)**

**** No agreements can be made that conflict with University Policy or Procedure as outlined at (policy.illinoisstate.edu) or that conflict with any Bargained Agreements or other terms of employment (hr.illinoisstate.edu)**



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Temporary Work at Home Addendum

Employee Name _____
Dates of agreement (end date cannot exceed December 31, 2020) _____
Work Schedule (days and hours) _____
Contact number during working hours _____

(Employee) _____ will use the following equipment provided by the department:

Item	Description	Inventory Tag #

Duties to be performed are (list all duties that the employee is expected to perform/complete during the duration of the Temporary Work at Home Agreement; use a separate sheet if necessary):

- 1.
- 2.
- 3.
- 4.

Temporary Work at Home Agreement

I understand and have read and signed the attached Temporary Work at Home Agreement, and agree to the duties, obligations, responsibilities, and conditions in this Temporary Work at Home Addendum.

I agree that, among other things, I will be available during my scheduled work hours, will furnish and maintain my remote workspace in a safe manner, respect established protocols, and will employ any necessary measures to protect University assets and information.

I understand that this Agreement ends on the date specified and the University may at any time change any or all the conditions under which I work at home or terminate this agreement.

Employee _____ Date _____