



REMOTE WORK AGREEMENT

State Form 56972 (R2 / 3-22)



Indiana State
Personnel Department

This agreement defines the nature of, and schedule for, remote work. Use the boxes below to determine the agreed upon work hours, location, necessary work equipment, and seek necessary approvals.

REMOTE WORK LOCATION	
Name of Employee	Work Hours Telephone Number ()
Address of primary remote work location (<i>number and street, city, state, and ZIP code</i>)	

PROPOSED REMOTE WORK SCHEDULE							
<i>Note: The proposed work schedule is subject to change based on the operational needs of the agency.</i>							
Effective date of work schedule (<i>month, day, year</i>)							
Remote work schedule							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Week 1							
Week 2							
Assigned office schedule							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Week 1							
Week 2							

EQUIPMENT				
<p>The agency is not responsible for any private property used, lost, or damaged. The State may pursue recovery from the employee for state owned property that is deliberately or negligently damaged or destroyed while in the employee's care or control. The employee is advised to contact an insurance agent and a tax consultant regarding working from home.</p> <p>It is the employee's responsibility to ensure the agency's confidential records and work materials are secured in an appropriate place in the employee's home. The purchase and maintenance of a locked storage area is solely the employee's responsibility.</p> <p>Please list all State equipment and software that will be used at the remote work location. Additionally, the brand, model, and serial number must be documented for all State equipment.</p>				
Item	Owner	Brand	Model	Serial Number

SIGNATURES

This Remote Work Agreement is valid from _____ to _____ and may be modified or canceled at any time by the employee or the agency in accordance with the stipulations found in the Flexible Work Arrangements policy.

I have read and understand the Flexible Work Arrangements policy and this agreement. I agree to abide by and work in accordance with the terms and conditions outlined in the policy. I agree that the sole purpose of this agreement is to regulate working remotely and it constitutes neither an employment contract nor an amendment to any existing contract. I have been advised to consult with an insurance agent and a tax consultant regarding working in my home.

Signature of Employee

Date (month, day, year)

Printed name of Employee

Signature of Appointing Authority (or designee)

Date (month, day, year)

Printed name of Appointing Authority (or designee)