

Utah State Board of Education
Remote Work Agreement Form
(Revised May 2021)

Employee Name: _____ Section: _____

Approved Telework Location:

Address: _____

Telephone: _____

Routine Telework Schedule:

Monday Tuesday Wednesday Thursday Friday

Routine Telecommuting Schedule:

Monday Tuesday Wednesday Thursday Friday

How much telecommuting time will be counted towards the employee's work hours?

_____ minutes on public transportation for the commute to the USBE office

_____ minutes on public transportation for the commute from the USBE office

If the employee's proposed remote work agreement request is for less than two days in the office per week, is the request related to an ADA accommodation or other health concern?

Yes

No

If yes, the employee should contact Human Resources.

If no, please describe the reason the employee's proposed remote work agreement request is for less than two days in the office per week:

By entering this agreement, the employee acknowledges that the employee has read and understands USBE Internal Policy 04-17 and agrees to its application to this agreement. The employee further understand that the provisions in this agreement may be revised or terminated at any time by the Superintendency.

Effective Date: _____ Expiration Date: _____

Employee Signature: _____

Supervisor Signature: _____
(Required for Routine Remote Work Agreements)

Deputy Superintendent Signature: _____
(Required for remote work agreements with less than two work days per week at USBE)

Copies of this remote work agreement will be provided to Human Resources, the employee, the employee's supervisor, and uploaded to the attachments section of the employee's UPM.