



City of Big Lake Remote Work Agreement

Employee Name:		Date:	
Department:			

This Agreement is not a contract and can be changed or cancelled by the City at any time, at the sole discretion of the City.

REMOTE WORK SCHEDULE		
Effective date of remote work schedule (mm/dd/yyyy):	<small>enter remote work beginning date</small>	
<p>The following will be your normal remote work schedule. All overtime work must be pre-approved by your supervisor.</p>		
<i>Day of the Week</i>	<i>Work Hours</i>	<i>Location</i>
	<small>Example: 8:00 AM – 4:30 PM</small>	<small>R = Remote work O = City Office</small>
Monday		
Tuesday	<small>Enter Tuesday work hours here.</small>	<small>Enter T or O to indicate remote work location on Tuesdays.</small>
Wednesday		
Thursday	<small>Enter Thursday work hours here.</small>	<small>Enter T or O to indicate remote work location on Thursdays.</small>
Friday		



EQUIPMENT/SUPPLIES

Item Type	Serial Number (if applicable)	Description of Item
Enter first item type	Enter first item's serial number	Enter Yes or No
Enter third item type	Enter third item's serial number	Enter Yes or No

COMMUNICATION/AVAILABILITY

List communication expectations of remote worker, including expected response time, etc.

PERFORMANCE EXPECTATIONS

List how employee's work will be monitored or evaluated, including any details on measuring performance.

CANCELLATION

This Remote work Agreement can be cancelled at any time by either party. If you wish to cancel this Remote work Agreement, you must provide sufficient advance notice to your supervisor.

SPECIAL CONDITIONS

List any additional instructions, conditions, restrictions, or exceptions relating to this Remote work Agreement.



CITY REMOTE WORK TERMS AND CONDITIONS

I agree to perform services for the City of Big Lake as a remote worker. I understand and agree that remote work is a management tool to be used at the sole discretion of the City and is voluntary. As such, I understand and agree that my remote work arrangement may be changed or cancelled at any time, at the City’s sole discretion.

I have read, understood, and agreed to the Remote Work policy and the terms and conditions specified in this agreement, including the requirement to set up an appropriate remote work station as shown in Appendix A to the policy.

I understand that I am expected to comply with all City policies, guidelines, rules, regulations, and state and federal laws while I am remote working in the same manner as if I was not remote working.

I have read and agree to the terms and conditions of this Agreement.

Supervisor Signature:		Date:	
Dept. Director Signature (if applicable):		Date:	
City Administrator Signature:		Date:	
HR Director Signature:		Date:	
Employee Signature:		Date:	

Original to Personnel File

Copy to Employee

Copy to Supervisor