

Employee Name: _____

Position Title: _____ College/Div./Dept.: _____

Classification: Faculty Administration Staff Temporary/OPS

Employee Acknowledgment: The practice of working at a remote location instead of physically traveling to a central workplace ("Flexible Work Arrangement") is a work alternative available to employees at the University of South Florida with management approval, provided that the arrangement is conducive to University operations and performance of the employee's job duties. The parameters of the Flexible Work Arrangement and any applicable limitations should be discussed between the employee and the employee's supervisor prior to implementation and revisited during the course of the Flexible Work Arrangement, as necessary. The employee acknowledges and agrees that the Flexible Work Arrangement covered by this Agreement is not an entitlement, benefit, term, or condition of employment, and that the employee remains subject to all performance expectations, rules, and procedures of the employee's department/unit, as well as all USF Policies and Regulations. Employees are encouraged to perform their duties within the state of Florida, where possible.

Discontinuation of Flexible Work Arrangement: Either management or the employee may discontinue the Flexible Work Arrangement at any time. Where practicable, at least two weeks' notice should be provided prior to discontinuation in order to facilitate the transition to on-site work.

University Equipment: USF-owned equipment or services normally will not be provided or paid for by USF when the Flexible Work Arrangement is authorized solely for the convenience of the employee. Any purchase of equipment or services, or the reimbursement of related expenses incurred by the employee, must be approved by appropriate management with budgetary authority prior to the purchase or expense being incurred. In such cases, the employee is responsible for protecting University Equipment against loss, damage, and unauthorized use. The employee will promptly notify management of any required maintenance or service relating to University Equipment. USF will not be responsible for operating, supply, or other incidental costs associated with the employee's remote work location.

Non-liability for Personal Property: The University will not be liable for damages to the employee's property resulting from the Flexible Work Arrangement.

Workers' Compensation: In the case of a remote work-related injury, the employee will immediately report the injury to the employee's supervisor, so that the matter can be processed in accordance with the University's standard policies and procedures.

Payroll Taxes: USF will only withhold federal payroll taxes. The employee is responsible for all other taxes, including those related to performing work from any jurisdiction outside the state of Florida.

Official Documents/Records and Other Information/Data: While working at the remote work location, the employee will properly safeguard University records from loss, damage, or unauthorized access and will prevent unauthorized access to any sensitive or non- public information and data via computer or other telecommunications, as applicable. The employee also agrees to ensure the retention of any records in paper or electronic format, including but not limited to e-mails, text messages, and communications via Microsoft Teams or similar platforms, that may be subject to disclosure under Florida's Public Records Law.

Failure to Comply: Non-compliance with the provisions of this Agreement may result in termination of the Agreement and Flexible Work Arrangement and/or appropriate disciplinary action.

Flexible Work Arrangement Begin Date: _____ End Date (if applicable): _____

Address of Remote Work Location(s) (if designated):

City / State where the work will be performed, if outside the state of Florida:

Equipment / Services Provided by the University:

Management Comments (optional):

We have thoroughly read and agree to comply with USF Policy 0-612, the University's Flexible Work Arrangement procedures located at Your Safe Return, and the provisions specified in this Agreement.

Employee Signature

Date

Supervisor Name (Print)

Signature

Position Title

Date