

MSU Extension Remote Work Agreement Supplemental Document

| Day | Hours | MSU Work Site | Remote Work Site | Notes | |
|---------------------------|-------|------------------|---------------------|-------|--|
| Sunday | | | | | |
| Monday | | | | | |
| Tuesday | | | | | |
| Wednesday | | | | | |
| Thursday | | | | | |
| Friday | | | | | |
| Saturday | | | | | |
| Total Hours | | | | | |
| Remote Work Site Address: | | | | | |

Please complete the chart above with your information to include:

- Designated work hours per day and total hours per week
- The specific days and hours you will be working remotely.

Under remote schedules, the remote/in-person work schedule should be predictable and known by others with whom the employee works.

It is understood that the Remote Work Agreement (RWA) can be discontinued by the employee or employer at any time. Every effort will be made to provide at least 30 days' notice of such a change to accommodate any issues that may arise from the termination of the RWA. Shorter notice may be given in any event where the terms of this agreement or university policies are violated. Similarly, the RWA can be reviewed by the employee or employer at any time. At a minimum, the agreement must be reviewed, approved and/or renewed annually.

It is understood that MSU work site presence may be requested as needed, with 24-hour notice. Additionally, utilization of a remote work site does not preclude employees from having a presence at inperson activities.

Describe MSU equipment and/or property to be used at the remote work site location.

| Describe the work duties that will be performed from the remote work site, relative to your position classification expectations. If necessary, please use a separate document. | | | | | | | |
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| List what measures will be use | d to assess work e | efficiency, output, and quality. | | | | | |
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| List any special plans for handl | ing technology ne | eds. | | | | | |
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| state or international agreemer | | | | | | | |
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| Employee Signature | Date | Supervisor Signature | Date | | | | |
| | | | | | | | |
| District Director Signature | Date | Institute Director Signature | Date | | | | |