



Temporary Remote Work Guidelines Acknowledgment

This expedited remote work approval process is time-limited and will only be effective as a specific response to COVID-19 emergency management. At the conclusion of the emergency period, the temporary remote work approval will end. Please direct all temporary remote work questions to Tracey Pearson (Staff) at (850) 644-3694 or Rebecca Peterson (12-month Faculty) at (850) 645-2202.

Employee's Name							
EMPLID							
Department	12-month Faculty		A&P		USPS		OPS

Employee and Supervisor Acknowledgment

I understand and agree to the following:

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I have read and understand the University's [guidelines](#) for COVID-19 Remote Work, and agree to the duties, obligations, responsibilities and conditions for remote work. I understand that if any information changes, it is the employee's duty to inform their supervisor and Department Head.

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I agree that the employee is responsible for adhering to an established schedule and the supervisor is responsible for monitoring the work schedule to include breaks, lunches and use of leave. I also understand that it is my responsibility to employ appropriate security measures; and protecting university assets, information, confidential materials, and systems.

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I understand and agree that in the case of a work related injury, that occurs during remote work hours, I will report the injury immediately to my supervisor, the FSU Worker's Compensation Manager at (850) 645-2731 or HR-WorkersComp@fsu.edu General Worker's Compensation information and complete required forms. https://hr.fsu.edu/?page=eoc/wcp/wcp_home

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I understand and agree that working at an alternate location is inherently temporary*, and that Florida State University may at any time terminate the agreement without any period of notice. I also agree to hold the state harmless against any and all claims, excluding workers' compensation claims, resulting from working at an alternate location. *[Executive Order 20-91](#)

Employee Signature

Date

Supervisor (Please Print)

Supervisor's Signature

Date

Dean/Director/Department Head

Dean/Director/Department Head Signature

Date

Supervisor is responsible for submitting completed acknowledgement to:
FSURemoteWork@fsu.edu

This form is enabled for electronic submission. Please follow these steps:

1. **Employee** - complete form, sign electronically, save on desktop, copy and email to Supervisor
2. **Supervisor** - review completed form, sign electronically, save on desktop, copy and email to Dean/ Director
3. **Dean/Director** - review completed form, sign electronically, save on desktop, copy and email to Supervisor
4. **Supervisor**- submit completed form to FSURemoteWork@fsu.edu