# Remote Work Form

In response to the COVID-19 outbreak, students may have the ability to work remotely for their

EMPLOYER. Before starting remote work, the supervisor and the student should agree on the following parameters.

## Employment Start and End Dates

* Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_
* End Date (if known): \_\_\_\_\_\_\_\_\_\_\_\_\_

## Work Hours Availability and Communication

1. The student agrees to be available during business hours to respond to communications by email, phone, or text. Business hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. During business hours, student agrees to respond within \_\_\_\_\_\_\_\_\_\_\_\_ (minutes or hours).
3. Student-initiated schedule changes are permitted with advance approval from the manager.

## Work Task Assignments

Students will complete projects and job responsibilities outlined by the supervisor/manager. To concentrate efforts, the student will focus on:

* [Insert list of potential work tasks/deliverables or focus topics]

## Employment Terms – Policies and Procedures

Work hours, overtime compensation, and vacation time (when applicable) will conform to EMPLOYER’s

policies and procedures and to the terms otherwise agreed upon by the employee and the supervisor.

## Learning to Work Remotely

Student is encouraged to complete the [Remote Work Curriculum](https://www.linkedin.com/learning/collections/6646492981467627521?acco=true&trk=share_collection_url&accountId=2133849&u=2133849&success=true&authUUID=MdT9xFHjTtCIxgIDi9qvyw%3D%3D) on LinkedIn Learning to ensure that their professionalism and productivity are maintained while working remotely. The Remote Work Curriculum takes about four and a half hours to complete. Students receive a LinkedIn Certification upon completion.

## Signatures

Supervisor Signature & Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Employee Signature & Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Co-op Advisor Signature & Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_