

Remote Work Arrangement

This Arrangement form sets forth the conditions applicable for performing work on a regular and repetitive basis at an alternate workplace other than College-owned or -leased property. This employee's hybrid or remote work arrangement will be reviewed and evaluated on a periodic basis as established by the department head. The Chief Human Resources Officer or department head may modify, replace, or terminate a hybrid or remote work arrangement as determined in their sole discretion for any reason and at any time with notice to the employee that is reasonable under the circumstances.

All policies applicable to employees of the College and to the individual employee remain in effect at all times, irrespective of whether an employee has a hybrid or remote work arrangement. For employees who work remotely in a state other than Massachusetts, eligibility for employee benefits may vary as determined by the College, consistent with applicable law.

Employee Name: _____ Employee ID: _____

Job Title _____ Current Status: Full-Time Part-Time

Current Work Arrangement (e.g. due to the pandemic, the position has been fully remote or partially remote):

Going-Forward Work Arrangement (please select one):

Tier 2: Hybrid/Flex Remote Schedule

Tier 3: Fully Remote Schedule (on an exception basis only and **VP or division head approval is required**)

Contact Information

Email: _____

Office Phone: _____

Supervisor Name: _____

Department: _____

Hybrid or Remote Work Start Date: _____

Primary Remote Work Location (please provide address (street, city and state):

(Only residents residing in Massachusetts, Rhode Island and Connecticut are eligible to work a hybrid or remote work arrangement. If the employee wishes to work remotely in another state, a review and additional approval will need to be provided by the Chief Human Resources Officer on a case-by-case basis.)

If working a fixed hybrid or remote schedule, indicate which days have been approved by your supervisor, for remote work:

Sunday: Monday: Tuesday: Wednesday: Thursday: Friday: Saturday:

Other details regarding remote work schedule:

Employee Acknowledgements

I understand that my remote work arrangement is subject to ongoing review and may be revised or terminated by the College at any time based on business needs or performance concerns. Nothing set forth in this arrangement changes the at-will nature of my employment.

I have carefully read, understand, and agree to abide by the Pilot Remote Work Staff Policy, including Appendix A. I also understand that my presence may be required on campus on days that I am scheduled to work remotely and I agree to come to campus as required and needed at the direction of my supervisor.

Employee Signature (electronic preferred): _____ Date: _____

Please return this signed document to the Human Resources Office Coordinator, Melissa Cutroni, at email mcutroni@holycross.edu