**Staff Hybrid Remote Work Certification Form**

**THIS FORM REMAINS WITH THE DEPARTMENT– DO NOT SUBMIT TO HUMAN RESOURCES, OFFICE OF GENERAL COUNSEL, OR THE HYBRID WORK COMMITTEE**

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| **Your Name** |  |
| **Unit Name** |  |
| **Supervisor’s Name** |  |
| **Your Employee ID Number** |  | **Your CWRU Network ID (abc123)** |  |
| **Your Position Title** |  |

Position status ☐ Full Time ☐ Part-Time

 ☐ Exempt

 ☐ Non-Exempt ☐ 37.5 hours/week ☐ 40 hours

Please list **all university property** you will use when working remotely (*e.g*., laptops, monitors, printers, cell phones, office supplies, etc.).

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**Please review the following statements and enter your initials in the box to indicate you have read and understood them. The first statement applies only to employees who are in the non-exempt category; exempt employees may skip the first statement.**

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| *As a non-exempt employee, I understand and agree that I may not work outside of my normal scheduled hours or more than my scheduled 37.5/40 hours in a workweek unless I receive prior written approval from my supervisor. I further understand that lunch breaks are unpaid and not calculated in my hours.* | \_\_\_\_\_\_\_\_\_*Initial here* |
| *I certify that I have reviewed the* [*Hybrid Remote Work Program FAQs*](https://case.edu/hr/worklife/staff-hybrid-remote-work-program/hybrid-remote-work-faqs) *and am familiar with my responsibilities for working remotely.* | \_\_\_\_\_\_\_\_\_*Initial here* |
| *I understand and agree that when working remotely, unit operations should run relatively the same remotely as in person. I understand that I am expected to roll my office telephone to my home or cell phone, and timely respond to phone calls and emails from colleagues and constituents served by my role and the campus community. I further understand that I am required to ensure that my phone number is in the University Directory and in my email signature block for all emails and responses.* | \_\_\_\_\_\_\_\_\_*Initial here* |
| *I understand and agree that I may be required to report to campus for meetings, trainings, or other activities best accomplished in person, even if those events fall on days when I typically would work remotely.* ***I understand that when that occurs, I may not switch my remote day for that week.*** *I also understand that, when possible, my supervisor will provide advance notice of activities taking place on days I normally would work remotely. I further understand that failure to report to campus when asked to do so may result in my hybrid arrangement being withdrawn.* | \_\_\_\_\_\_\_\_\_*Initial here* |
| *I understand and agree that my supervisor, the Vice President / Dean / Provost for my area, and/or the university may adjust, amend, or revoke my hybrid work schedule, either temporarily or permanently, based on operational needs and/or other policy considerations at any time. I understand that**my supervisor should give notice of the decision as soon as reasonably practicable, but no minimum notice period is required. I further understand that if am no longer eligible to participate in the program due to my most recent Performance Review or Positive Corrective Action, that changes is effective immediately.* | \_\_\_\_\_\_\_\_\_*Initial here* |
| *I understand and agree that the university is not responsible for costs incurred in connection with my remote office, unless otherwise required by state law.* | \_\_\_\_\_\_\_\_\_*Initial here* |
| *I understand and agree that all equipment the university provides me, whether used on campus or in connection with a remote work arrangement, remains the property of the university and must be returned upon separation from employment or at any other time upon notice from the university.* | \_\_\_\_\_\_\_\_\_*Initial here* |
| *I certify that my remote worksite and/or networks meet evolving security requirements as outlined by*[***[U]Tech***](https://case.edu/utech/)*and the*[***Compliance Office***](https://case.edu/compliance/)*. I further understand that* [***Guidelines for Secure Remote Work***](https://case.edu/utech/departments/information-security/guidelines-secure-remote-work)*can be found*[***here***](https://case.edu/utech/departments/information-security/guidelines-secure-remote-work)*. Additionally, I certify that my remote worksite meets privacy and/or confidentiality requirements associated with my work activities and responsibilities. I understand if I have questions related to data security or privacy, I should seek out information from my supervisor and/or [U]Tech.* | \_\_\_\_\_\_\_\_\_*Initial here* |
| *I certify that I have a safe, designated remote workspace over which I have control, and which is free of any obvious safety hazards.* | \_\_\_\_\_\_\_\_\_*Initial here* |
| *I understand and agree to notify both my supervisor and the* [*Office of Risk Management*](https://case.edu/riskmanagement/workers-compensation) *within one (1) working day of any accident, injury and/or illness that arises out of the authorized work that occurs in the course of performing my duties at my remote worksite.* | \_\_\_\_\_\_\_\_\_*Initial here* |
| *I understand and agree that an approved hybrid work arrangement does not alter the terms and conditions of my employment with the university.* | \_\_\_\_\_\_\_\_\_*Initial here* |
| *I understand that if I accept a new position at the university, my current hybrid arrangement is no longer applicable, and I may only work a hybrid schedule again (1) if the new department also participates in the hybrid remote work program; (2) after working 1 month (30 days) in my new position; and (3) after the department submits a revised schedule which includes me.* | \_\_\_\_\_\_\_\_\_*Initial here* |
| *I understand that I am required to update HCM weekly, using the appropriate TRC Codes in HCM to reflect my on-campus (REG) and hybrid remote (“REGEH” or “REGWH”) work schedule.* | \_\_\_\_\_\_\_\_\_*Initial here* |
| *I certify that I will be working remotely within the state of Ohio.* | \_\_\_\_\_\_\_\_\_*Initial here* |
| *I understand that I am responsible for ensuring that my home address listed in HCM is current. I further understand that I am required to update HCM* ***and*** *notify the*[***Payroll Office***](https://case.edu/controller/payroll)*at****payroll@case.edu****if I move.* | \_\_\_\_\_\_\_\_\_*Initial here* |

**I have read the CWRU Staff Hybrid Remote Work Certifications and certify that I understand and agree to comply with all requirements. I understand that the CWRU Hybrid Remote Work Guidelines supplement existing university policies and that I am required to abide by all applicable university policies whether working in a CWRU facility or at an alternative worksite.**

Staff Member Signature: Date:

**Supervisor Approval**

I acknowledge and understand that:

1. My team member must forward their work phone to their home/cell phone and be reachable during remote days.
2. My team member’s contact information is in the University Directory and in their email signature block.
3. I instructed my team member the remote days noted in the department schedule must remain constant and cannot be changed.
4. I instructed my team member to update HCM on a weekly basis, and I will timely audit and approve their HCM timesheet.
5. I understand that my staff member must work remotely within the state of Ohio unless an exception request for work outside Ohio was submitted and out-of-state remote work has been expressly approved by the university.

**I approve this staff member’s hybrid work arrangement.**

Supervisor Signature: Date:

**The supervisor is responsible for maintaining this *Staff Member Hybrid Work Checklist Certification Form* for all staff participating in the Staff Hybrid Remote and Fully Remote Work Program and producing it for all remote employees if audited.**