

## MDOT APPLICATION AND AGREEMENT FOR REMOTE WORK

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SECTION I - EMPLOYEE INFORMATION			
LAST NAME	FIRST NAME	MI	EFFECTIVE DATE <i>(Must be the first day of a pay period)</i>
JOB TITLE / POSITION	REGION / BUREAU / OFFICE		EMPLOYEE ID NUMBER
PRIMARY REMOTE WORK LOCATION <i>(If different from your home address - P.O. Box not acceptable)</i>			TELEPHONE NUMBER
STREET ADDRESS <i>(P.O. Box not acceptable)</i>	CITY	STATE	ZIP CODE
SECTION II - EMPLOYEE CERTIFICATIONS, REMOTE WORK SCHEDULE & ACKNOWLEDGMENT			
<p><b>My initials certify that I have read and agree to the following:</b></p> <ul style="list-style-type: none"><li>➤ I have read the <a href="#">MDOT Remote Work Program</a> and received a copy.</li><li>➤ I have read the <a href="#">IT Acceptable Use Policy</a> and received a copy.</li><li>➤ I have reviewed my performance expectations with my supervisor and received a copy.</li><li>➤ I have reviewed the communication procedures/requirements for remote work with my supervisor.</li><li>➤ My remote workspace complies with the MDOT Workspace Health &amp; Safety Standards:<ul style="list-style-type: none"><li>• Heating/cooling, ventilation, and lighting are adequate for satisfactory work performance.</li><li>• Electrical equipment is free of recognizable hazards.</li><li>• Electrical system permits the grounding of electrical equipment.</li><li>• Walkways, doorways, and corners are free of obstructions that interfere with visibility or movement.</li><li>• File cabinets and other storage devices are arranged so that drawers/doors do not open into walkways.</li><li>• Work chair is structurally sound.</li><li>• Floor and/or floor covering is free of conditions that could cause trips or falls.</li><li>• Electrical cords, telephone lines, and equipment interface cables (if present) are secured and do not interfere with foot traffic.</li></ul></li><li>➤ I am aware and aligned with the Remote Work Implementation Plan developed for my work area.</li></ul>			
<p><b>My initials certify that I understand that:</b></p> <ul style="list-style-type: none"><li>➤ My failure to comply with the Workspace Health and Safety Standards will be grounds to terminate this Agreement.</li><li>➤ The State has the right to inspect my Workspace, with prior notice, to ensure compliance with the MDOT Workspace Health and Safety Standards.</li><li>➤ Misuse of the State-owned/acquired equipment, software and/or service(s) may result in corrective/disciplinary action and/or the loss of remote work location privileges.</li><li>➤ I will not be compensated for travel, Internet access, or other personal expenses associated with remote work.</li><li>➤ All policies, procedures and work rules applicable to the official station also apply to remote work.</li></ul>			
ACKNOWLEDGEMENT			
I understand that this Agreement is voluntary. I further understand this Agreement may be terminated in writing by either party at any time for any reason. If feasible, a party terminating the Agreement will provide 15 calendar days' notice of termination. I understand I cannot grieve the termination.			
EMPLOYEE SIGNATURE			DATE
SECTION III - SUPERVISOR CHECKLIST / APPROVAL			
YES	NO	State-owned or acquired equipment, software, and services are documented.	
YES	NO	State VPN has been obtained for employee. <b><i>If not, explain:</i></b>	
YES	NO	Supplies to be provided + costs eligible for employee reimbursement have been identified. List is attached.	
YES	NO	Performance expectations have been documented and explained to employee.	
YES	NO	Communication procedures/requirements have been established and explained to employee.	
YES	NO	The employee has received a copy of the <a href="#">Administrative Guide policy 1340</a> .	
SUPERVISOR APPROVAL - If no, provide reason:			
YES	NO		
SUPERVISOR SIGNATURE:			DATE: