DATE

NAME

ADDRESS

Dear NAME:

The University of Arkansas has been notified by the Arkansas Department of Health (ADH) that you have an approved exemption for the ADH Mumps Directive.

As previously communicated and effective immediately, you are not permitted to be on the U of A campus until the outbreak is declared over by the ADH.

Based on an evaluation of your job duties and the needs of the unit, working remotely on a short-term basis is appropriate due to the emergency outbreak situation, subject to your agreement to the following conditions. This does not approve you for remote work past the end of the outbreak.

You will continue to follow your standard work hours unless we specifically agree on an alternate schedule You must agree to remain accessible during standard work hours and understand that the department retains the right to modify this agreement as a result of business necessity at any point. During the approved hours of work when you will be working remotely, you shall not be the primary caregiver of any children, adults, or elders.

During this period of remote work, you must agree to the following:

* You must maintain a normal workload. Your duties, obligations, responsibilities and conditions of employment with the University of Arkansas remain unchanged. Job responsibilities, standards of performance and performance appraisals remain the same as they would be if you were working at the regular university work site.
* Your supervisor has the right to assign work to you as necessary.
* If you are unable to work due to illness, you are to notify your supervisor and use sick leave as appropriate.
* If you wish to be relieved of responsibility for work on a particular day or days, you must obtain advance approval from your supervisor and use annual leave.
* You are responsible for the safety and security of all university property and proprietary information. University property loaned to you remains the property of the University of Arkansas. Any university property provided to you must be documented with its serial number when you take possession and appropriate documentation of the location of the property must be completed and maintained. You must return the property in the same condition in which it was originally received, minus normal wear and tear. You are personally liable for missing or damaged property.
* You agree to use university-owned equipment, records and materials for purposes of university business only and to protect them against accidental access, use, modification, destruction or disclosure. This includes maintaining data security and record confidentiality in the same manner as when working at the regular university work site. You may not duplicate university-owned software and will adhere to the manufacturer(s) licensing agreement(s). You agree to report to your supervisor instances of loss, damage or unauthorized access at the earliest reasonable opportunity.
* You agree to maintain a safe and secure work environment and to report work-related injuries to your supervisor without delay.
* You agree that this remote work agreement is short-term and based on an emergency outbreak situation and does not approve you for remote work past the end of the outbreak.
* This remote work arrangement is revocable and may be discontinued by the university at any time.

To review the latest Arkansas Department of Health Mumps Directive, visit [https://health.uark.edu/\_resources/documents/adh-faculty-staff-directive-12-27-19.pdf](https://nam03.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhealth.uark.edu%2F_resources%2Fdocuments%2Fadh-faculty-staff-directive-12-27-19.pdf&data=02%7C01%7Clhmilam%40uark.edu%7Ceab30a8591d34bfe935d08d7950b1f41%7C79c742c4e61c4fa5be89a3cb566a80d1%7C0%7C0%7C637141747308490955&sdata=bmjquBoqWdnVvK7VCrxcuZIGRUdUtXLO2pvPZCDIkx8%3D&reserved=0). If you have questions about the directive, please contact the Arkansas Department of Health Outbreak Response Section at 501-537-8969.

Sincerely,

SUPERVISOR NAME

TITLE

ACCEPTANCE OF SHORT-TERM REMOTE WORK AGREEMENT

I hereby affirm by my signature that I have read this document outlining the conditions of my remote work agreement, and I understand and agree to all of its provisions.

Employee Signature Date

Supervisor Signature Date

Dean, Director, or Department Head Signature Date