



Department Request for Employee to Work Out-of-State/Country

Authorization for an employee residing and performing work outside of Oklahoma

Department & Position Information

Requesting Department: _____ Date: _____

Department Contact: _____ Contact Email: _____

Campus: Norman HC Tulsa Position Type: _____

Employee Status: Exempt Non-Exempt If Faculty: _____ *Please note: Full-remote is not appropriate for most full-time faculty appointments.

Is this a renewal request?:

Is there a university-sponsored visa? _____

Employee Name: _____ Full-Time Equivalent: _____

Employee Position Title: _____ EMPL ID: _____

Proposed Start Date: _____ Proposed End Date: _____ Rate of Pay: _____

Employee's Home Address: _____

Alternate Work Location (if varies from home address): _____

Please confirm if this arrangement is: Temporary Recurring Position Number: _____
(Required for New Hires)

Is employee required to travel for this position? Yes No If yes, please describe in detail why and duties performed while traveling:

Description of Duties: _____

What important University business necessitates an out-of-state employee for this position? *Please be detailed in your response.*

Acknowledgment of Understanding and Commitment to Comply

1. The hiring or retaining department understands that work cannot begin until OU's registration as an employer in the employee's state of residence is complete and tax identification is received by OU. This process can take up to 8 weeks for completion.
2. The hiring or retaining department must work with Human Resources to identify an I-9 proxy in the employee's state of residence to complete mandatory employment forms on OU's behalf and will notify HR of the proxy's business name and contact information.
3. The hiring or retaining department may be responsible for the cost of the initial tax structure research and set-up, and for the monthly and annual processing charges and fees related to reporting, processing, and maintenance of systems required for tax compliance reporting and remittance associated with this request and subsequent appointment.
4. Penalties and fees for failure to disclose employee's work location will be charged to the hiring or retaining department.
5. The hiring or retaining department understands this agreement is for **no longer than 12 months** and if longer than 12 months, a new agreement must be submitted annually. Remote work agreements for Graduate Assistants may not extend beyond the student's degree timeline. The remote work period should align with the semester or academic calendar.
6. I understand that approval for Out-of-State employment with OU is subject to the terms of the Remote Work Agreement and that the University reserves the right to modify this agreement in response to changes in OU policies or to ensure compliance with federal or state requirements.

I understand approval for Out-of-State employment with OU is subject to the terms of the Remote Work agreement.

Employee Signature: _____ Date: _____

Department Head: _____ Date: _____

Dean/Director: _____ Date: _____

Once all signatures/approvals listed above have been received, please send a signed copy to hrbp@ou.edu for review and approval to hire or retain. An HR representative will contact you once the review process is complete. Do not allow the individual listed on this form to begin work for OU prior to contact from an HR representative.

Approval to Hire or Retain

For HR Use Only

Routing:

New Hires: Talent Acquisition
Human Resources
Payroll/Financial Services
Enterprise Risk Management
Workers' Compensation
Benefits
Legal Counsel
Low Risk
Elevated Risk
High Risk

Comments:

Sr. VP Decision: Approved Denied

Sr. VP Signature: _____ Date: _____



HUMAN RESOURCES
The UNIVERSITY of OKLAHOMA

Employee Remote Work Agreement

IMPORTANT STEP: Before completing this agreement, the employee should have completed the Self-Assessment form and discussed it with their supervisor.

Purpose: The following constitutes an agreement to the terms and conditions of remote work away from an OU worksite. This agreement specifies the conditions applicable to an arrangement for performing OU work, either part-time or full-time at an alternate work location, on a regular basis. See <https://hr.ou.edu/Managers-HR-Payroll-Coordinators/Remote-Work-Guidelines> for guidelines and FAQs.

Remote work may be suitable for certain University positions but not for others. It is not an entitlement and does not alter the terms and conditions of employment with the University. Approval for remote work is at the discretion of the employee's supervisor, Dean/Director, and, where applicable, the Vice President or Senior Vice President and Provost, who may establish internal standards and guidelines for their respective college or office. This agreement is subject to modification or termination at any time based on performance, operational, or business needs, and may be withdrawn or terminated. Every effort should be made to provide a minimum of two-weeks' notice prior to modification or termination of an agreement (timeline is subject to management discretion), but that is not guaranteed.

Employee - Please indicate Yes or No:

- Will you be working and/or residing outside the state of Oklahoma during the remote work assignment?
- If you answered "Yes," you must complete an Out-of-State Request form with this Remote Work Agreement. You can access the [Out-of-State Request form here](#).

EMPLOYEE INFORMATION

Name (Last, First): _____ Title: _____ EMPL ID: _____

Department: _____ Supervisor Name/Ph #: _____

Position Type: _____ If Faculty:

Please confirm if this arrangement is: Temporary Recurring Is this a renewal request?

Assigned Full Time Equivalency (FTE): _____ Is there a university-sponsored visa? _____

AGREEMENT TYPE Please confirm if this arrangement is:

Full-Remote: an arrangement that allows an employee to work their assigned FTE entirely at an Alternate Work Location other than an OU worksite (not appropriate for most full-time faculty appointments).

Hybrid-Remote: an arrangement that allows an employee to work part-time at an Alternate Work Location other than an OU worksite.

Alternate Work Location Street Address*: _____

City: _____ State: _____ Zip Code: _____

**Note: Any permanent or temporary change to the location must be approved by the supervisor in advance. Permanent changes may require a revised agreement.*

Start Date: _____ End Date: _____ Review Period: _____

WORK SCHEDULE

Days and hours when working at approved off-site location. **Indicate time zone.**

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time							
End Time							

Nonexempt employees must record actual time worked. Core hours defined in the Work Plan may include details about lunch and break times.

Days and hours when working at OU site. **Indicate time zone.**

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time							
End Time							

Nonexempt employees must record actual time worked. Core hours defined in the Work Plan may include details about lunch and break times.

WORK PLAN

The following work plan outlines the agreed upon standards for work at the alternate site (e.g., variable schedules [if approved]), communication requirements, office coverage, electronic meeting protocols, shared office space, how assignments will be received and returned, phone coverage and reporting in to the supervisor).

Terms of Agreement

(Please read these terms and conditions carefully before signing this Remote Work Agreement.)

WORK SCHEDULE

- I agree to maintain regularly scheduled and approved work hours and to be fully accessible from my assigned work location during those hours.
- I recognize that schedule and location changes may be made at the discretion of my supervisor.
- I agree to obtain prior approval from my supervisor before working overtime (if a non-exempt employee).
- I agree to accurately report work hours and strictly adhere to required rest and meal breaks in full compliance with any policies or any applicable law (if a non-exempt employee).
- I understand that I may be required to work hours at the OU worksite or temporarily revise the work schedule for business reasons or business continuity at the discretion of my supervisor.

POLICIES

- I agree to abide by all OU policies and procedures including University-recognized holidays and annual leave/sick leave policies.
- I recognize that remote work does not change the conditions of employment or applicability of University policies.

DUTIES AND ASSIGNMENTS

- I understand that I am expected to maintain a level of productivity, performance, communication, and responsiveness that would be considered standard for working at a regular OU worksite.
- I agree to adhere to the Remote Work Plan agreed upon with my supervisor, detailed above, outlining the standards for work at the alternate site (e.g., variable schedules (if approved), communication requirements, office coverage, electronic meeting protocols, shared office space, how assignments will be received and returned, phone coverage and reporting in to the supervisor).
- I recognize that my supervisor reserves the right to assign other work, as necessary, at any worksite.
- I recognize that job responsibilities, standards of performance, and performance reviews will occur as if I were at a regular OU worksite.
- I recognize that effective communication is essential for this arrangement to be successful and agree to maintain a presence and be available to my supervisor, direct reports, coworkers, work teams, and customers with the same response times as if at a regular OU worksite.
- I agree to maintain contact when remote working and will notify my supervisor (in advance) of any requested changes in my posted work schedule.

WORKING ENVIRONMENT

- I understand that I am responsible for ensuring a worksite environment at my Alternate Work Location that is suitable for accomplishing my regular job duties during scheduled hours of work and, if applicable, arranging for appropriate dependent care. This includes an appropriate on-line meeting presence (e.g., camera on during meetings and background blurred or appropriate background used).

SAFETY

- I agree to maintain a safe and secure work environment.
- I understand I am responsible for arranging the Alternate Work Location in an ergonomically sound manner, at my own expense, and that [OU Environmental Health & Safety](#) is available as a resource to provide me with information on a safe and ergonomically sound worksite.

- I agree to report any work-related injuries to my supervisor at the earliest opportunity, and I agree to hold the University harmless for injury to myself and others at the Alternate Work Location.
- I agree not to conduct in-person work-related meetings at the Alternate Work Location.

REIMBURSABLE AND UNALLOWABLE EXPENSES

- I understand that my arrangement for working from home (or other approved Alternate Work Location) is not on travel status and I am not eligible for meal reimbursement. Similarly, meals taken at home or other alternate locations (or delivered) during a web conference business meeting are not reimbursable.
- I understand that my department will evaluate on a case-by-case basis where reimbursement is necessary with specific needs not already met with existing resources and allowable only if University-issued office equipment (e.g., computer, printer, keyboard) can't be relocated or if I do not already have personal equipment at the alternate worksite to enable me to perform my work duties.
- I understand that requests for reimbursement for the business use of a cellular phone or similar device purchased with my own funds is at the department discretion, in accordance with OU policies and procedures.
- I understand that no reimbursement will be made for business calls or a percentage of total business calls made within the package minutes covered under my cellular plan.
- I understand that other expenses (utilities, rent, furniture, etc.) will not be reimbursed, consistent with OU policy and procedures.
- I understand that should I work remotely for a portion of my workday where a block of work is worked at home and another block of work is worked at the office, the time in between used to commute is not compensable travel time. Non-exempt, on-call employees who are called in to work on campus should confirm with their supervisor if their travel time is compensable.

EQUIPMENT/RECORDS/SECURITY

- I understand that OU-owned/OU-leased equipment (tagged and untagged) used at a location other than an OU worksite must be logged on an [OU Equipment Checkout Form](#) to ensure accurate tracking of OU property.
- I agree to use University-owned records, materials, and equipment for University business purposes only and to protect them against unauthorized or accidental access, use, modification, destruction, loss, theft, or disclosure. I understand that I am responsible for reviewing and complying with [Guidelines related to the Retention of University Records](#).
- I understand that the University will provide for repairs to University equipment when damage to that equipment occurs during the course and scope of my job duties and during my work hours. I understand that when I use personal equipment, software, data, supplies, and furniture, I am responsible for maintenance and repair of these items unless other arrangements are permitted by University policy and have been made in advance and in writing with my supervisor.
- I agree to allow the University access to maintain, repair, inspect, or retrieve University-owned/University-leased equipment, software, data, supplies, and furniture at the Alternate Work Location upon reasonable notice.
- I understand when working with OU data from any computer or mobile device, whether OU-owned/OU-leased or personally owned, onsite or offsite, I must comply with the [OU Data guidelines](#). I will check with my supervisor when there are specific questions about the security of information systems or data. Additionally, I understand that I must report any instances of loss, damage, or unauthorized access to data or equipment to OU's Office of Information Technology (www.ou.edu/ouit) and to my supervisor as soon as possible.
- I agree that I will maintain reliable and secure network connection and telephone service (land or cell), at my cost, to support my work activities.
- I agree to ensure OU information is not used or disclosed in violation of [FERPA](#), [HIPAA](#), or other state or federal laws, regulations, contracts, or OU policies and procedures.
- I agree to return all University-owned and University-leased equipment for inspection, repair, replacement, or repossession with 7 calendar days' written notice. I agree to return University equipment, records, and materials within 7 calendar days of the termination of my position or the Remote Work Agreement.
- I understand all equipment, records, and materials provided by the University remain the property of the University

Off-Campus Equipment Usage Form

This form is intended for equipment being used in an alternate work location by OU employees. Please attach an explanation of any extenuating circumstances. Appropriate signatures are required prior to removal of equipment from a OU worksite.

INSTRUCTIONS

POLICY/DEPARTMENTAL RESPONSIBILITY

All property that is owned by the University or for which the University is responsible is to be used only for University purposes.

Responsibility for University property rests with Department Chairs, Directors, and/or Budget Unit Heads of the various Departments. Property is charged to the Budget Sponsor's chartfield spread upon acquisition and is accounted for by a University-wide physical inventory annually. As a general policy, University property will not be removed from authorized campus locations. However, there are instances in which it would be advantageous for the University to allow employees to remove property for off-campus usage for approved remote work. When it is determined by the appropriate departmental authority that such is the case, the following policies and procedures shall be observed. Please attach explanation if needed.

POLICES AND PROCEDURES

1. Approval to remove University property from authorized locations in University owned or leased facilities must be secured from the Department Chair, Director, and/or Budget Unit Head who has responsibility for control of the item of University equipment involved. These approvals shall be documented on this form.
2. A written record of this approved document is to be maintained in the office of the approving authority and a copy to employee's department. Such record shall include at a minimum:
 - a. Description of property to be removed.
 - b. Make, model, and serial number of property.
 - c. University Inventory Tag Number.
 - d. Originating University location of the property.
 - e. Name, position classification, department name, telephone number, and email of the person authorized to remove the item of University property from its university location.
 - f. Location (street address, apartment number (if any), city, and state) to which property is to be relocated, and
 - g. Date on which University property is being removed from university location and date it is to be returned to university location;
 - h. All authorizing signatures.
3. Any person removing university property from a University location is to assume the responsibility for providing appropriate care and security in its transportation to the authorized off-campus location and for returning such property in satisfactory working condition. The person authorized to remove the University's property to an off-campus location may be made liable for the costs of repair or replacement of any such University property not so returned.
 - a. The person removing the University's property will acknowledge this responsibility by that person's signature on the University form containing such a statement of responsibility.
 - b. In the event of damage or destruction of the University's property due to fire, flood, windstorm or other natural causes, or in the event of the loss of such property through theft, the person having removed the University's property to an off-campus location shall file a report of loss or damage with the local authority (fire department, police department, or sheriff's office), and furnish a copy of that report to IT. If the equipment was a computing device (laptop, smart phone, flash drive, or tablet), this information must also be reported to Information Technology Security.
4. Copies of the Authorization Form will be furnished to the person authorized to remove the University property to an off-campus location, and Property Inventory, Financial Services.
5. As a general policy, University property that has been authorized for removal from its normal University location will be returned to that location as soon as possible. To that end:
 - a. Approvals for removal will be limited to the current remote work approval and/or renewal period.
 - b. If the authorizing authority deems it necessary, an extension of time for return of the University property must be approved in writing with copies provided to the individual authorized to use the property off-campus and to IT
 - c. At inventory time, all property that has been removed from University locations shall be physically accounted for by the person who has authorized the removal of the property.

6. In the event of a planned separation or extended absence of the person who has been authorized to remove the university's property to an off-campus location, the authorizing official shall be responsible for ensuring and providing for the return of the property to its University location prior to the departure of the individual. Extended absences include Sabbatical Leave or similar authorized absences of six months duration or longer.
7. For unanticipated separations or extended absences, the authorized person agrees to return the property to the University or make it available to the University for pick up at the university's reasonable convenience.
8. All university property removed from university locations shall be subject to the immediate recall by the university at any time deemed necessary by appropriate university authorities.

Off-Campus Equipment Usage Form

Employee Name:		Date:
Title:		EMPL ID:
Supervisor Name:	Title:	
Department:	College:	

DESCRIPTION OF PROPERTY

MAKE:	MODEL:	SERIAL NO:	INVENTORY TAG NO:
ENCRYPTED, Y/N (EQUIPMENT MAY NOT BE REMOVED UNLESS ENCRYPTED)			
ADDITIONAL DESCRIPTION			

For additional equipment, please attach additional pages to this document.

UNIVERSITY PROPERTY AUTHORIZED TO BE IN POSSESSION OF (Moving to):

Authorized University Employee Name	Title	College/Department
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*Is the possessor of equipment an OU employee? Y/N ____ If no, please attach explanation for this policy exception.

Authorized University Employee Phone	Employee Email
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New - Asset Location Address	City/State	Zip Code
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Date Removed from University Location	Date Returned to University Location
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By my signature, I authorize the person named above to move the property specified above from its present location on the University of Oklahoma campus to the location described above, under the CONDITIONS listed below. If the property is used to store, transmit, or create Protected Health Information or other protected information (student information, credit card data, etc.), I represented that I have confirmed that the equipment is encrypted.

Authorization Signature _____	Date: _____
Department Chair, Director, or Budget Unit Head	

Employee Signature _____	Date: _____
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CONDITIONS

Any person removing University property from its University location is to assume the responsibility for providing appropriate care and security in its transportation to the authorized off-campus location and for returning such property in satisfactory working condition.

In the event of damage or destruction of the University's property due to fire, flood, windstorm or other natural causes, or in the event of the loss of such property through theft, the person having removed the University's property to an off-campus location shall file a report of loss or damage with the local authority (fire department, police department or sheriff's office) and furnish copies of the report to the OU Campus Police Department and OU IT.

I acknowledge that this property is in satisfactory working order and condition and that I will return it in the same condition, usual wear and tear excepted. If the property is encrypted, I will not attempt to disable or circumvent the encryption.

I also acknowledge that if I fail to return the property for any reason, the University may elect to file an action for replevin (or damages, if the property is not available), and I will be responsible for all costs related to that action.

Authorized Employee Signature

Date