

2021 Employee Workflow (accessible)

1. Is your request subject to the [Remote Work Policy](#) (i.e., is not “workplace flexibility” nor an accommodation under Americans with Disabilities Act (ADA))? **IF NO: Do not complete this form. Contact your HR office.**

- REMOTE WORK: A work arrangement in which some or all work is performed at an off-campus work site such as home or in an office space near home. This definition does not include workplace flexibilities, research trips, sabbaticals, or permanent off-campus work sites established by the university (e.g., field stations, CERN, IceCube).
- WORKPLACE FLEXIBILITY: Flexibility in which work is performed at an off-campus work site on a sporadic basis and does not follow a regular, repeated schedule.
- ADA ACCOMMODATION: Contact your [DDR](#) to make a reasonable accommodation request for remote work. Note: Employees with disabilities can choose to request remote work under the Remote Work Policy without making an accommodation request nor disclosing a disability.

2. Are you in one of the employee categories for which the remote work policy applies? **IF NO: Do not complete this form.**

- Academic Staff (other than CHS Faculty/CT Faculty (e.g., clinical professors, clinical instructors))
- University Staff
- Limited Employees
- Temporary Employees
- Post-Degree Training Appointments
- and Student Hourly Employees.
- Employees categorized as Zero-Dollar Appointments
- CHS Faculty, CT Faculty (e.g., clinical professors, clinical instructors)
- *For out-of-state or international remote work only*—Faculty, CHS Faculty, CT Faculty (e.g., clinical professors, clinical instructors) and Graduate Assistants (i.e., Teaching Assistants, Research Assistants, and Project/Program Assistants)

3. Can your work be performed at a location away from your assigned work location? **IF NO: Do not complete this form.**

4. Want to work from an E1/E2 Embargoed Country? **IF YES: Do not complete this form. Contact [Export Control](#) and [Cybersecurity](#). Remote work is typically not allowed due to risk.**

5. Is this an international request? **IF YES: Do not complete this form until you confirm that you have approval for “business necessity” for international remote work. Discuss with your manager/department chair.**

6. Are you a foreign national working at UW-Madison? **IF YES: Do not complete this form until you contact [International Faculty and Staff Services \(IFSS\)](#). Your immigration status may require modification.**

IF NONE OF THE ABOVE FLAGGED ANSWERS APPLY TO YOU:

7. Log on to MyUW > Personal Information > Update My Personal Information to complete agreement.

- a. **[ALL EMPLOYEES]** Select ***NEW* Remote Work Agreement** (Note: *UPDATE* is only available if an already-started agreement has not yet been approved/denied)
- i. Complete a form for each job for which you intend to work remotely. Your employee information (Empl ID, Empl Record, Working Title, Dept, business contact information, supervisor, and supervisor email) auto-populates for your primary job. If you have multiple jobs, complete a NEW agreement for each.
 - ii. If necessary, click "UPDATE ADDRESSES." Your remote work location can populate with any location currently stored in MyUW. Addresses need to be in MyUW to appear on the remote work form. Employees can add up to three remote work locations. Contact your local HR office for help.
 - iii. Enter agreement start date, end/review date. Annual review is required; end/review date must be within 365 days of start date.
 - iv. Complete ATTESTATION - Insurance: *"I understand that I am responsible for all instances of loss or damage that may occur to my personally-owned property and/or equipment. I also understand that I may be liable for damages or injury to third-parties that occur at my remote work home location. I acknowledge that UW–Madison recommends I maintain personal homeowner's/condo/ renter's insurance to provide protection to myself against these personal risks."* **IF NO: Form will not be able to be submitted.**
 - v. Complete ATTESTATION - Visitors: *"I agree that I may not host business visitors, including students and other employees, in my home while engaged in remote work. I understand that hosting business visitors in my remote work location could result in personal legal liability to me."* **IF NO: Form will not be able to be submitted.**
 - vi. List your SCHEDULE: via either "general hours" or "daily chart." Enter any comments in the comment box.
 - vii. Indicate any onsite REQUIRED ATTENDANCE in the comment box.
 - viii. **If this is an international remote work agreement**, enter JOB RESPONSIBILITIES/DUTIES (either as text in comment box, or upload a PVL at end of agreement, if you have it on hand).
 - ix. **Answer:** Not including commuting to/from UW--Madison (or applicable onsite work location), will you use an automobile in performance of remote work duties?
 - x. List UW-OWNED and EMPLOYEE-OWNED hardware, communication resources, office and other equipment; employee-owned hardware, communication resources

and office equipment; whether any items will need to be shipped to you in your remote work location; and any expenses reimbursable by your S/C/D.

- xi.** Complete ATTESTATION - Safe and functional workspace: *I attest that my remote workspace is safe and functional and that I agree to: (i) Set up my workspace per the [Workspace Checklist](#) and as needed, use the resource, [Ergonomics: A Guide to Setting Up Your Computer Workstation](#), to make any recommended modifications. (ii) Ensure smoke and fire detectors are installed and operating. (iii) Make certain my remote workspace is free from recognized fall hazards. (iv) Have a plan for seeking shelter during weather emergencies. **IF NO: Form will not be able to be submitted.***
- xii.** Answer: What types of data (Public, Internal, Sensitive, Restricted, PHI (a type of Restricted)) do you work with?

 - 1. If YES to Restricted data, answer:** Are you working with Protected Health Information (PHI)?

 - a. IF YES to PHI, answer:** Can the goals of your work in a remote location be achieved by using de-identified data?

 - i. If NO to using de-identified data, answer:** Have you completed current UW--Madison HIPAA Training?
 - b. If YES to PHI, answer:** Will you limit your access/transfer/ storage of this data to UW approved tools?
- xiii.** Complete ATTESTATION - Technology Access and Privacy 1 of 3: *I agree to comply with [UW--Madison's Division of Information Technology \(DoIT\) guidelines for securing a remote workstation](#); to maintain a safe and secure work environment at all times in compliance with UW--Madison's Office of Cybersecurity and Office of Compliance [policies](#) applicable to my work; to implement good information security practices in the home-office or alternative work site setting and will check with my supervisor when cybersecurity matters arise. **IF NO: Form will not be able to be submitted.***
- xiv.** Complete ATTESTATION - Technology Access and Privacy 2 of 3: *I agree to take all necessary precautions to secure all university equipment and to protect the privacy, security, confidentiality, and integrity of data, files and other materials handled by me in the course of my work. This includes use of VPN, anti-virus, MFA DUO, Net ID login, etc. **IF NO: Form will not be able to be submitted.***
- xv.** Complete ATTESTATION - Technology Access and Privacy 3 of 3: *I agree to report the loss of any personal device that I am using in the course of my remote work, per [UW--Madison's Incident Reporting and Response Policy](#). **IF NO: Form will not be able to be submitted.***

b. **[Employees within U.S. (outside WI)]** Complete ATTESTATION: *I understand that I must contact my HR/Payroll office regarding payroll tax outside the State of Wisconsin.* **IF NO: Form will not be able to be submitted.**

c. **EMPLOYEES working remotely internationally:**

- i. **Answer:** Has your Dean/VC approved your international remote work request as a business necessity? **IF NO: Form will not be able to be submitted.**
- ii. **Answer:** What is your Country of Citizenship? [Country drop down; second country drop down for dual citizenship.]
- iii. **Answer:** Did you previously work for UW-Madison while living in the U.S.?
- iv. **Answer:** Do you plan to move or return to the U.S. while working for UW-Madison?
 1. **IF YES:** If so, what is the expected duration of the international remote work? (Open comment box)
- v. **Answer:** Is an export license required for you to conduct this work internationally?
IF YES: you must contact [Export Control](#).
- vi. **Answer:** Will your remote work be conducted from an E1/E2 embargoed country?
IF YES: you must contact [Export Control](#).
- vii. **Answer:** Does your job require that you access information that is export controlled under the International Trafficking in Arms Regulations (ITAR) or Export Administration Regulations (EAR)? **IF YES: you must contact [Export Control](#).**
- viii. **Answer:** Are you currently paid or will you be paid on sponsored projects, i.e., funds 133, 142, 143, or 144?
 1. **IF YES, answer:** If known, please list sponsor(s) (e.g., National Institutes of Health), award number (e.g., MSN123456), or project number (e.g., AAA1234), as sponsor prior approval may be required.
 2. **IF YES: the employee must contact [RSP](#).**
- ix. **Answer:** Please indicate if you are a foreign national working outside of the United States.
 1. **IF YES: Complete ATTESTATION:** *I acknowledge that I am responsible for providing documents to my local HR to establish and verify my U.S. tax status and determine appropriate payroll taxation following the procedure documented here (insert hyperlink to OHR Payroll Instructions).* **IF NO: Form will not be able to be submitted.**

d. ALL EMPLOYEES:

- i. Read and attest to Terms of Agreement: *I have read and understand the above/attached expectations related to the remote work arrangement. I understand that my failure to adhere to these expectations and comply with UW–Madison’s Remote Work Policy may result in the immediate termination of this remote work arrangement and/or discipline up to and including termination of employment.* **IF NO: Form will not be able to be submitted.**
- ii. Complete Attestation - Changes to Agreement: *If anything in this agreement changes (e.g., work location, scope/type, access to different data types), I agree that I will complete a revised form.* **IF NO: Form will not be able to be submitted.**

8. Agreement is routed to Level 1 Approver (supervisor/time approver) for approval.

- a. Does the supervisor/time approver approve request? **You will get an email notification (approved/ denied/ pushed back for editing).**

9. **IF YES:** Agreement is routed to Level 2 for approval.

- a. Does the Level 2 approver approve request? **You will get an email notification (approved/ denied/ pushed back for editing).**

**If Level 2 is the highest approver level in your S/C/D, this decision will be final.

** If there are additional levels of approval in your S/C/D, the process continues:

10. **IF YES:** Agreement is routed to Level 3 for approval.

- a. Does the Level 3 approver approve request? **You will get an email notification (approved/ denied/ pushed back for editing).**

**If Level 3 is the highest approver level in your S/C/D, this decision will be final.

** If there is an additional level of approval in your S/C/D, the process continues:

11. **IF YES:** Agreement is routed to Level 4 for approval.

- a. Does the Level 4 approver approve request? **You will get an email notification (approved/ denied/ pushed back for editing).**

**This decision will be final.

NOTE that you, the employee, may withdraw your request at any point during the approval process.