

1. Employee Information

First Name: Last Name:

Employee ID: Division:

Job Title: Office Title:

2. Acknowledgment

- Aside from specific modifications required to allow for remote work, all other terms and conditions of employment will continue to apply.
- I must be available during my scheduled hours in accordance with the prescribed communication methods and must maintain regular contact with my colleagues, supervisors and/or subordinates as I would in the traditional office location while working remotely.
- I must adhere to all applicable NYCPS rules, policies and guidelines, including for the approval of overtime, while working remotely.
- If a meeting at the traditional work location requires my physical presence on a regularly scheduled remote workday, I will receive advance notice from my supervisor and am required to report as requested.
- I understand that I may be required to return to the office based on operational need, if directed by Management.
- I am not to perform personal errands, tasks, dependent care duties, etc., on NYCPS time while working remotely.
- The cost, upkeep, maintenance and repair of any personal equipment used for NYCPS purposes will be solely my responsibility.
- I am required to maintain the security of any and all NYCPS documents, data and information (electronic or otherwise) and must continue to follow prescribed IT policies at all times, including privacy, cyber and information security procedures and protocols.
- All remote work should be performed at the designated work location specified in this document.
- In designing my workspace, I should apply the provided guidelines for an appropriate workspace at my alternate work location and ensure that appropriate, ergonomic equipment, which is in good working condition, is utilized while performing job functions.
- NYCPS may terminate this remote work acknowledgment upon one (1) week written notice or upon 24 hours written notice in the case of an emergency. Revocation of my remote work assignment shall not be considered discipline.

I opt-in to the remote work pilot. I opt-out of the remote work pilot. (skip to section 4)

IF OPTING OUT: I understand that I have the right to opt-in at a future date by speaking with my supervisor to determine if I am still eligible to participate. If I am eligible to participate in the future, I understand that I will need to submit a new attestation form. I also understand that, even if I am approved to participate in the future, my start date will depend on organizational availability.

3. Designated Work Location and Schedule

Street Address: Apt, Suite, etc:

City: State: Zip Code:

Phone Number: Days (1 or 2): Mon Tue Wed Thu Fri

4. I have read and understand this Acknowledgment Form

Employee Signature: Date:

Supervisor Signature: Date:

A copy of this Acknowledgment Form will be included in my file.

Supervisor Information

First Name: Last Name:

E-mail: Phone Number: