



TEXAS TECH UNIVERSITY SYSTEM™

**Emergency Remote Work Agreement**

Employee Name: \_\_\_\_\_ R#: \_\_\_\_\_

Job Title: \_\_\_\_\_ Institution: \_\_\_\_\_

Campus: \_\_\_\_\_ Department: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Supervisor's Phone #:(\_\_\_\_)\_\_\_\_\_

Street address of proposed remote work location: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone #: (\_\_\_\_)\_\_\_\_\_

Start date of this Agreement: \_\_\_\_\_ End date of this Agreement: \_\_\_\_\_  
(To be completed upon return of property)

Property Number	Serial Number	Description (Please include Manufacturer and Model number)

I assume full financial responsibility for the property listed above while it is entrusted to me. I will exercise reasonable care of this equipment and safeguard it against theft, damage and misuse. I will use this equipment only for activities benefitting the missions of Texas Tech University System Institutions. I will return the property by the following business day from the end date of this agreement or upon separation from my department.

I will be responsible for accomplishing all job responsibilities/functions in accordance with my current Position/Job description while on the Emergency Remote Work Agreement. I agree to work with my direct supervisor for duty assignments and work schedule during this period of time.

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

**By Signing below, I approve this request.**

Department Head: \_\_\_\_\_ Date: \_\_\_\_\_

Dean/VP: \_\_\_\_\_ Date: \_\_\_\_\_

Dept IT Network Site Coordinators \_\_\_\_\_ Date: \_\_\_\_\_

Please submit completed forms to Human Resources at [hr.imaging@ttu.edu](mailto:hr.imaging@ttu.edu)