

Agreement on Remote Work (for internal use within Chair/Department/Institute)

1. Faculty or Central/Scientific Institution, Department or Chair

2. Employee (academic title, last name, first name, date of birth)

3. Immediate supervisor

4. Duration/amount of remote work

Remote work is requested for the period from _____ to _____.

Remote work shall amount to ___ hours per week.

Other arrangements: _____

5. Communication

The employee will make sure that he/she will be available during the usual working hours via

phone: (1) _____ (home) and/or (2) _____ (mobile)

e-mail: _____

6. Remote work requirements

The remote working location must allow for fulfillment of the job duties defined in the employment contract. The requirements of data and information protection also apply to remote working.

Potsdam, (date)

Employee

Approval /rejection by the direct supervisor:

Approval

Partial approval

Rejection

Reasons for partial approval/rejection:

Potsdam, (date)

Immediate supervisor

We recommend that this document be kept in the competent secretary's office.