Annex to Rector’s Ordinance No. R 421

Application for Homeworking

Surname, first name, title……………………………………………………………………………………………………………………

Position............……………………………………………………………………………………………………………………………………

Workplace (department, constituent part) ………………………………………………………………………………………….

Reasons for homeworking..................…..…………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………………………………....

Place of work..........……………………………………………………………………………………………………………………………..

Means of communication with superior......………………………………………………………………………………………..

Means of submitting completed work...………………………………………………………………………………………………

Effective dates (from-to) ....................………………………………………………………………………………………………….

**The prerequisite for homeworking is acquainting yourself with the binding USB guidelines (mark a positive answer with X):**

\_\_ I have read and understood Rector's Ordinance on Performing Work at the University of South Bohemia in České Budějovice outside the Employer's Workplace - Homeworking;

\_\_ I confirm that I have read the Directive ISMS-010\_Homeworking on the portal: https://isms.jcu.cz/ismsdokumenty/interni-dokumenty-typ-b/isms-010\_homeworking/ISMS-010\_Homeworking.doc/view and I will comply with the content;

\_\_ I confirm that the computer I will use for work in homeworking mode is the property of USB.

**Conditions of your homeworking (mark with X as appropriate):**

\_\_ full- time \_\_ only part of my working hours

\_\_ USB electronic mail \_\_ connection via VPN concentrator

Other: ……………………………………………………………………….……………………………………………………………..

Information system (e.g. FIS, VERSO, STAG, EGJE, OBD etc.) if you use them for remote working:

 ………………………………………….…………………………………………………………………………………………………………………

Date:………………………………………….. Applicant’s signature…………………………………………………………………..

**Direct superior** \*…….………………………………………………………………………………..…………………..

Agrees with the said activity

Date:………………………………………….. Signature ……………………………………………………………………………………….

**Head of Department**\*………..………….………………………………………………………………………………..…………………..

Agrees with the said activity

Date:………………………………………….. Signature ……………………………………………………………………………………….

**Rector/Dean/Director or USB constituent part** \*…………………………………………………………..…………………..

Agrees with the said activity

Date:………………………………………….. Signature ……………………………………………………………………………………….

**Local PC administrator of the USB part**\*…….………………………………………………………………………………………..

Agrees with the said activity

Date:………………………………………….. Signature ……………………………………………………………………………………….

**IT technician of the USB part \*** …………………………………………………………………………………………………………….

Agrees with the said activity from the view of ICT security considering the above mentioned conditions are fulfilled

Date:………………………………………….. Signature ………………………………………………………………………………….......

**HSSE and FS technician of the USB** \*…………...…………………………………………………………..…………………………

Trained the applicant in health and safety and fire safety and explained the rules for creating appropriate conditions and for carrying out inspections of compliance with measures to ensure health and safety

Date:………………………………………….. Signature ……………………………………………………………………………………..

**\*** *state the first name and surname*