Annexe to Rector's Ordinance R 530

**Application for permission to work remotely**

Last name, first name, title .......................................................................................................................

Work position ...........................................................................................................................................

Workplace (constituent part, unit) ...........................................................................................................

Justification for remote work ...................................................................................................................

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

Method of communication with a superior .............................................................................................

Method of acceptance of work ................................................................................................................

Effective (from – to – specific date) .........................................................................................................

**A prerequisite for remote work is familiarity with the binding USB guidelines (mark the affirmative answer with X)**

\_\_ I am familiar with the Rector's Measures for the performance of work by USB employees outside the employer's workplace – remote work;

\_\_ I acknowledge having read the internal ISMS guidelines for teleworking, available at: *https://isms.jcu.cz* and will follow the instructions therein;

\_\_ I confirm that the computer on which I will work in this mode is owned by USB.

**Method of remote work (mark your option with an X):**

\_\_ full-time work \_\_ part-time only

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

Another method: ......................................................................................................................................

Information systems (e.g. FIS, VERSO, STAG, EGJE, OBD, etc.) if I work with them remotely:

 ..................................................................................................................................................................

Date:.................................................. Signature of the applicant ............................................................

**Employee's immediate supervisor**\* ........................................................................................................

agrees to the above activity

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

**Section Manager** \* ....................................................................................................................................

agrees to the above activity

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

**Rector /dean /director of a constituent part of USB** \* ..............................................................................

agrees to the above activity

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

**Occupational Safety and Health and Fire Protection Officer of USB**\* .....................................................

provided training in the field of OSH and FP and explained the rules for creating appropriate conditions and for checking compliance with measures ensuring OSH.

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

**\*** *indicate surname and first name*