Annexe to Rector's Ordinance R 602

**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 Ordinance on the performance of work by USB employees outside the employer's workplace – remote work R 602;

\_\_ I confirm that I have read the internal ISMS guidelines for remote work, which are available at *https://isms.jcu.cz*, and I will follow th instructions contained in: [ISMS-S-001\_Remote\_work](https://wiki.jcu.cz/images/2/23/ISMS-S-001_Remote_work.pdf?action=purge);

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

 I confirm that I have completed the online OHS and fire safety training for remote work: [OSH & FP TRAINING remote work](https://jucb-my.sharepoint.com/%3Ap%3A/g/personal/mhovorka_jcu_cz/EcAVjtCAD2lFiF0f25LQvWgBjhSLO578ssyjw4OLH05ywQ?e=NdhrWb&clickparams=eyAiWC1BcHBOYW1lIiA6ICJNaWNyb3NvZnQgT3V0bG9vayIsICJYLUFwcFZlcnNpb24iIDogIjE2LjAuMTkxMjcuMjAxNTQiLCAiT1MiIDogIldpbmRvd3MiIH0%3D&CID=3A5EFEAD-F96C-4C63-B5B3-1AB2B722812D&wdLOR=c7674DD6B-61BD-4AD4-9E75-BE6B6F102D85);

 \_\_ I confirm that I meet the criteria according to the checklist for evaluating the workplace for remote work, i.e. [Checklist for assessing remote workplaces](https://jucb-my.sharepoint.com/%3Aw%3A/g/personal/mhovorka_jcu_cz/EbTOOcsoiyRBsPjdUQWq9ggBYZXtQNvogm1D6VKSMgK7Ww?e=Eb37ne&xsdata=MDV8MDJ8ZG9sZXphbG92YXZAamN1LmN6fDYxN2I5ZGFiNDY4YTRlMGQwNGQzMDhkZGQ4YzI4M2E5fGMzNWY1ZGE0OWEwMzQ0ZTY4YmY5OTI4MzM2MzRmNmE3fDB8MHw2Mzg5MDUwNTIxMTgzNzMxMDN8VW5rbm93bnxUV0ZwYkdac2IzZDhleUpGYlhCMGVVMWhjR2tpT25SeWRXVXNJbFlpT2lJd0xqQXVNREF3TUNJc0lsQWlPaUpYYVc0ek1pSXNJa0ZPSWpvaVRXRnBiQ0lzSWxkVUlqb3lmUT09fDB8fHw%3d&sdata=WFduRWdOc0V6VUpxRjNRam5adWY5YjBmTmg1VllaRjJYKzVMWkg0RUEyND0%3d).

**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:

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