Student Remote Work Arrangement

Work Expectations

Start date of remote work agreement: ___________________ End date: ________________

Location of remote worksite:
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Number of hours worked per week: __________

Form and frequency of contact/interaction between the supervisor and the student employee:
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Work to be completed: ________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Method of measuring productivity and quality of work completed: ___________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Other: ____________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

It is expected that the student employee conduct themselves in a professional manner at all times, reflecting respect and responsibility in their position of employment, while complying with all university policies and procedures.

Student Name: __________________________ Cornell ID: __________

Supervisor Name: __________________________

Supervisor Signature: ______________________ Date: __________