

Employee Agreement for Remote Work International

Purpose

The information below is for faculty and their respective remote work employees. Faculty who have employees who work remotely and outside of the United States must ensure that all applicable protocols and approvals are in place, defined within the following documents, and supplemental linked documents therein before remote work begins.

Employee Role

Information users are individuals who need and use University information as part of their assigned duties or in fulfillment of assigned roles or functions within the University community. Information user responsibilities include:

- Ensuring that their own actions do not put the information at risk
- Ensuring that any systems they use to create, access, process, transmit, use, store, destroy or handle data comply with the [ASU Data Handling Standard](#) and [ASU IT Policies and Standards](#)
- Timely notification to the Information Security Office at infoSec@asu.edu of any actual, suspected, possible, or potential breach, unauthorized disclosure, or loss of Highly Sensitive or Sensitive information

Faculty/Principle Investigator Role

Data Stewards are senior University officials or their designees with planning and policy-level responsibility for information within their functional areas and management responsibility for defined segments of University information. Each Data Steward is charged by law, contract or policy with responsibility for protecting, granting access to and ensuring appropriate use of a specific category of University information. In the case of research information, the principal investigator is ordinarily the Data Steward except when a sponsored project award or gift might specify that the research sponsor is the Steward. The responsibilities of each Data Steward include:

- Assigning, training and overseeing one or more Deputy Data Stewards, if appropriate
- Overseeing the establishment of data retention, privacy, security, and other data-related policies in their areas
- Identifying legal and regulatory requirements for information in their areas
- Ensuring segregation of duties and rules in applicable areas
- Promoting appropriate information use and information quality
- Ensuring that he/she does not put his/her information at risk through his/her own actions
- Assigning classification standard values to the information for which he/she is responsible, e.g., FERPA, HIPAA data
- Implementing a Records Retention and Disposition Schedule for information
- Working with the Information Security Office and other authorized individuals on the investigation and mitigation of suspected, potential, possible, and actual information security incidents/breaches/disclosures/ losses affecting the confidentiality, privacy, availability, or integrity of their information.
- Performing information security and privacy duties as required by other University standards and practices, policies, executive orders, coded memoranda, etc.
- Establishing written procedures granting and revoking access privileges, if appropriate

Employee

By signing the below, you have read the [Academic Affairs Policies and Procedures Manual \(ACD 125\)](#) and all applicable [ASU IT Policies and Standards](#) and agree to comply with these requirements. Please confirm completion of training by checking the below boxes, which are a requirement for this process to progress.

Required Annual Training:

- Pending candidate arrival at ASU, estimated arrival date **XX/XX/202X**
- [Information Security Awareness](#)
- [Undue Foreign Influence: Risks and Mitigations](#)
 - [CITI account creation and training instructions](#)

Faculty

By signing the below, you have read the [Academic Affairs Policies and Procedures Manual \(ACD 125\)](#) and all applicable [ASU IT Policies and Standards](#) and agree to comply with these requirements. Please confirm completion of training by checking the below boxes, which are a requirement for this process to progress. To ensure the employee has completed information security awareness training, please see the dashboard [here](#).

Required Annual Training:

- [Information Security Awareness](#)
- [Undue Foreign Influence: Risks and Mitigations](#)

IT Manager

By signing the below, you have reviewed the provided information with the Faculty, so they understand their role as Data Steward and will conduct a Remote Work Security Review.

_____	_____
Employee Signature	Date
_____	_____
Faculty Signature	Date
_____	_____
IT Manager Signature	Date
_____	_____
Director Signature	Date

Remote Work Security Review

Faculty note: This document contains supplemental information security inquiries regarding remote work, honed to assist with IT Management oversight.

- What is the requested date range for remote work approval, not to exceed one semester?

___/___/20___ - ___/___/20___

- What is the title of the remote work position?
 - Research faculty, academic professionals and post-docs
 - Graduate Service Assistant
 - Graduate Research Assistant
 - Staff
 - Student Worker
- What is the Data Type? [ASU Data Handling Standard](#) Public Internal Sensitive Highly Sensitive
- Proposed Connectivity:
 - Preferred* - Will the employee connect to ASU VPN with a managed/encrypted ASU system per ASU data handling standards? Yes No
 - Secondary** - Does the employee have a personal system available for local use with the ability use ASU VPN and connect to their remote work managed/encrypted ASU system per ASU data handling standards? Yes No
 - Alternate* - If you chose "No" to the above questions, please explain in detail as to why the remote employee does not require a managed/encrypted ASU system or ASU VPN.

- To the best of your knowledge can the remote employee legally utilize ASU VPN and other ASU approved encryption technologies? Yes No
- What major Engineering applications may be used by this remote employee?

- Is the data or work product available to the public? Yes No
- Are there appropriate measures in place to safeguard data and work product? Yes No
- Please explain your response:

To be completed by IT Manager - Finding notes, if applicable:

To be completed by IT Manager - Please acknowledge the following:

- I have reviewed the provided information via the employee work agreement, the remote work questionnaire, the curriculum vitae (CV), and inclusive of this document, the materials are ready for university oversight submittal.

IT Manager Signature

Date

Faculty Signature

Date

Director Signature

Date

International Remote Work Questionnaire

Purpose

International remote work is an increasingly common arrangement across employers including educational institutions. This document includes a questionnaire to assist in determining if a remote work arrangement is in the best interest of the research activities.

Scope

The scope includes faculty, staff, graduate students and postdocs who are requesting authorization to work remotely from an international location.

Responsibilities

Support Team:

Export Control Team (Proposals and Negotiations Team): Review for any potential conflicts involving export control regulations and export restrictions in award/contract.

Principal Investigator: Provide current CV and complete Attachment A and return to the Export Control Team.

International Remote Work Questionnaire

Complete Attachment A and return to the Export Control Team for review.

The information referenced in Attachment A must be collected and documented in the ERA Award File.

ATTACHMENT A

1. Name of individual considering remote work: _____
2. Citizenship: _____
3. What is their job title (e.g. Post Doc.): _____
4. International Location where work is to be performed: _____
5. ASU Department/Unit: _____
6. Name of Supervisor: _____
7. Principal Investigator (PI): _____
8. Research Administrator (RA): _____
9. Resume or vita of individual provided? No Yes
10. Is the individual working or collaborating with another institution? _____
 - a. If Yes, provide the name of the institution: _____
11. Will the applicant participate in sponsored research? No Yes

Fill out the table below with the sponsored and/or non-sponsored account number(s) that will be used:

ASU Account Number	ASU Proposal Number	ASU Principal Investigator	Funding Source/Sponsor Name	Brief description of job duties

International Remote Work Questionnaire

12. Prime Sponsor: _____

a. Has Sponsor been notified: No Yes

If Yes, provide a copy of the sponsor authorization.

13. Is the research to be performed basic in nature? No Yes

Select all that apply:

- Basic
- Applied
- Advanced
- Development
- Testing
- Service Oriented

14. Does the applicant have any independent funding for research activities? No Yes

If yes, attach copy of funding agreement.

15. Has the applicant signed any independent non-disclosure agreements? No Yes

If yes, briefly describe:

16. Has the applicant been involved in any past or current foreign talents programs? No Yes

If yes, briefly describe:

17. Reason for remote work request/visa application status.

International Remote Work Questionnaire

18. Period of Performance for work to be performed remotely: _____

19. Benefit to project or department/unit.

20. Will individual collect data in the international location? No Yes

a. If yes, is the data collection in person? No Yes

i. If Yes, provide a copy of the institutional authorization.

21. Is Data in Public Domain? No Yes

22. Can Employee use VPN for working with ASU systems and data? No Yes

23. How will VPN usage be monitored?

24. How will work be supervised?

25. Employee has an ASU encrypted system to access any data that is being stored locally. No Yes

a. If no, can the employee work on a remote system and remote desktop into the encrypted system? No Yes

26. Are there appropriate measures in place to safeguard data and work product? No Yes

a. If Yes, explain:

27. If applicable, have IRB notifications and approvals been completed? No Yes

International Remote Work Questionnaire

28. Are you aware of any export controls related to the work you are currently performing?

No Yes

If yes, describe completely:

The below approvals are required before submitting to ORIA for export review.

Faculty Signature & Date

IT Lead Signature & Date

Director Signature & Date

Supplemental Documentation

Research Advancement

Please use the following form to attach additional documentation or corrective language should there be a discrepancy with the supplied data. This page is not mandatory, but its use is at the discretion of Research Advancement Administrator (RAA). Please initial below, even if there is no supplemental documentation.

Please attach additional documentation here, if applicable.

Please add corrective or supplementary information regarding previously supplied data, if applicable.

RAA Initial

Date