

AA-43: Faculty Duty Station Attestation

This form is needed if more than 50% of the job duties will be completed at a duty station off-campus and for more than 50% of consecutive weeks for a given academic term (PT Faculty) or full academic year (FT Faculty). Complete, sign and submit this agreement for faculty working remotely, e.g., while teaching online courses or while on leave from primary duties. This attestation form is effective for one year, after that time an updated form should be submitted. See instruction pages following the form for additional information.

I. Employee Information

Name	UNC Charlotte ID #	Phone #
Street Address (Residence)	City/State/Zip	Email
Physical Location Address of Faculty Member (Street Address, City, State, and Zip Code)		

II. Department Information

Name of College/Department	Supervisor's Name	Supervisor's Title
	Department Head's Name	Department Head's Title
Contract Type	Department Contact Name	Department Contact Phone #

III. Duty Station Information

A. Description of expected work to be completed remotely	
Principal Job Duties	If temporary, is this expected to be renewed? For what period?
B. What is the business need for this remote work request? Check one of the boxes below and explain in detail, the need to work off campus to accomplish your job duties.	
<input type="checkbox"/> In-State, but outside of 100-mile commutable distance to campus	<input type="checkbox"/> Out of State
C. Time period covered by this duty station attestation (Check all that apply)	
<input type="checkbox"/> Fall Semester (8/15-12/31 PT Faculty) (Effective 7/1-12/31) _____ (YR)	<input type="checkbox"/> Spring Semester (1/1-6/30 PT Faculty) (Effective 1/1-6/30) _____ (YR)
<input type="checkbox"/> 12-month faculty- List date range up to one year _____ (FT Faculty)	

Summer Term (PT Faculty)

First Half Term 5/18 – 6/29),

Second Half Term 6/29-8/10),

Full Term (5/18-8/10)

D. Working Remotely Details. Answer the following questions regarding working remotely.

List supplies, equipment or services to be provided by the University at the employee's work site

List supplies, equipment or services at the employee's work site that are deemed the employees responsibility and are not provided at the University's expense

How will you be able to perform your job duties from a remote location? Be specific about teaching courses, attending faculty meetings, individual meetings with your supervisor, service obligations, etc..

Describe how the Department will ensure appropriate supervision of the faculty member's work?

Describe the expected method and frequency of communication with the employee

Describe how the employee will address technology issues when ITS cannot help long distance

I have discussed and finalized my plan to ensure data security with my direct supervisor.

All relevant ITS appropriate use and security policies satisfied by the employee?

[Reference Standard for Teleworking](#)

Yes _____ No _____

Employee initials required

Faculty Member's Signature

All the information contained on this form has been reviewed and is true and correct to the best of my knowledge. By signing below, I further understand that based on my remote location and my citizenship status, there may be taxable consequences to me as an employee.

Faculty Member's Signature

Date

IV. Attachments

I have included relevant attachments related to this duty station period (e.g. MOU, [Remote Workplace Self-Certification Checklist](#))

List of attachments

V. Pre-Review

Pre-Review Signatures	
Pre-Review by these individuals is required prior to administrative approval.	
College Business Officer's Signature	Date
Department Chair's Signature	Date
College Dean's Signature	Date

VI. Approval

Signatures	
We attest that we have made a concerted effort to hire from within North Carolina and recognize that additional expenses may be incurred by the department for hiring faculty to teach online in states other than North Carolina. This duty station approval complies with department/college guidelines associated with "Faculty Presence on Campus". All the information contained on this form has been reviewed and is true and correct to the best of our knowledge.	
_____	_____
Provost or Designee – Academic Affairs Approval	Date
_____	_____
Assistant Controller or Designee - Tax & Payroll Approval	Date

VII. Administrative Review Comments (as needed)

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AA-43 Faculty Duty Station Attestation Form Instructions

Definition - Off-Campus Duty Station

This form is needed if more than 50% of the job duties will be completed at a duty station off-campus and for more than 50% of consecutive weeks for a given academic term (PT Faculty) or full academic year (FT Faculty). Please refer to [Part III. Duty Station Information](#) for the time period definitions.

Rationale

Working remotely outside of North Carolina may impact one's payroll tax; therefore, UNC Charlotte's Payroll Office is required to pre-review your plan and location to address compliance requirements and payroll adjustments associated with other state tax and employment laws.

Costs are incurred every time the University must set up to withhold income taxes and set up unemployment insurance in other states. Please refer to [Out of State Employees webpage](#) for the most updated list of states.

Working remotely is not an entitlement and the faculty member and faculty administrators are expected to comply with department/college guidelines associated with "faculty presence on campus". College Business Officers are asked to pre-review to ensure compliance with these guidelines and completeness of the form and assist with timely routing for all approvals.

General Instructions

The faculty duty station attestation form should be completed for all adjunct/part-time faculty, 9-month faculty, or 12-month faculty who will be regularly engaging in any professional duties from a physical location other than UNC Charlotte. This form is needed for the following instances:

- Out-of-State or Out-of-Country: more than 50% duties and 50% consecutive weeks per academic term or full AY
- In-State hybrid-remote location: more than: 50% duties and 50% consecutive weeks per academic term or full AY

This is inclusive of compensation for teaching online courses or any professional duties maintained during a faculty leave of absence (full pay; partial pay). If you are receiving compensation for leave instances involving full or partial pay, please make sure you have completed a leave of absence request. [Leave of Absence Form](#).

Financial Services requires at least 8 weeks notice of duty station change need to work out details with the jurisdiction in which the work is planned to be completed.

This attestation form may apply up to a one-year time frame. For regular term 9-month or adjunct/part-time faculty (one year is defined as a combination of Fall and Spring semesters. For 12-month faculty "one year" equates to any consecutive 12-month period. Existing full-time faculty receiving summer period supplemental pay and working out of state need not submit this form for those instances (e.g. remote summer instruction, grant research, etc.) Any adjunct/part-time faculty receiving compensation during Summer term (First Half term, Second Half term, Full term) while located out of state must complete this form (e.g. online instruction). Once that period has ended, should the out of state duty station circumstance continue, a new form for the next period that applies must be resubmitted allowing ample time for reviews and approvals.

Should a faculty member have a change in physical location during the time period covered by an

attestation form, it will be incumbent upon them to submit an updated attestation form with the new physical location detailed on it for further approval.

I. Employee Information

Faculty engaging in remote work will complete the Employee Information section with their current details. Should any of these details change during the course of their duty station change, they will be responsible for submitting an updated form within 15 consecutive days.

II. Department Information

To be completed by the faculty member. This form is used by many offices outside of Academic Affairs. If supervisor and department head are the same person, then list them twice so that all fields are completed. Under *contract type* the faculty member will either list their employment type (i.e. adjunct/part-time faculty, 9-month faculty, 12-month faculty) or “Leave of Absence” in instances where the duty station

III. Duty Station Information

A. Description of Work:

Faculty will provide a detailed listing of the job duties that are expected of them during their duty station change period.

B. Time Period:

Defined as the regular academic year (Fall and Spring semesters), or any Summer term period as defined in Section III B above. 12-month faculty are required to provide a date range of no more than 12 consecutive months (one year).

C. Remote Work Details:

Faculty will be expected to answer all of the questions related to working remotely following a thorough discussion with their department chair and dean. When the department chair and dean sign off, they are attesting to the fact that a planning discussion has taken place and all parties agree to the details provided in the faculty member’s answers. It is recommended that the department chair affirm expectations in writing by developing a Memorandum of Understanding (MOU) between parties.

IV. Faculty Member Signature

Faculty member must sign and date the form which signifies the understanding of and compliance with University policies and job duty terms described.

V. Attachments

This section should include any internal MOUs related to the duty station period and job expectations plus the [Remote Workplace Self-Certification Checklist](#). The check box should be “checked” and attachments should be listed to ensure the full packet is received by all approval parties.

VI. Pre-Review Signatures

Pre-review signatures from the College Business Officer, Department Chair and College Dean are required prior to administrative approval. Once these signatures are retrieved, the form should be routed to Academic Affairs Budget and Personnel (AABP) so the Business Services Coordinator can review and retrieve approval signatures from the Provost or Designee and the Tax Office.

VII. Approval

All appropriate levels must sign and date the form which signifies the understanding of and compliance with University policies and job duty terms described. When completed, this form will be routed to Academic Affairs Budget and Personnel (AABP) for final approval and submission to the faculty member's personnel file.