

Remote Work Plan

This Plan follows Senior Management Team approval of an employee's Remote Work Application and is to be initially completed by the employee and then finalized with the manager. Signed Remote Work Plans are sent to Human Resources, with the employee and the manager retaining their respective copies.

Employee Information		
First Name:	Last Name:	
Job Title:	Division:	
Employee ID #:	Application has been approved for:	Choose an item.
Email Address:		

NOTE: <u>All</u> remote work positions require periodic attendance on campus.

Supervisor/Manager Information

First Name:
Job Title:
Email Address:

Last Name: Division:

Employee Attestation

I confirm that I understand and will comply with the terms and conditions in Attachment A and that failure to comply with same will result in termination of my remote work plan.

Choose an item.

Additional Items

Any additional requirements that are specific to a job or a department:



Employee Name (Print): Employee Signature: Date:

Timelines (Completed by Manager)

Confirmed Start Date:

Manager Name (Print): Manager Signature:

Date:



Employee Name:		
Employee Number:		
My remote workspace is a de	Choose	
location, that is private, quiet, not subject to foreseeable distractions and		an item.
interruptions, and conductive to performing my regular work tasks.		
My remote work location is sa	afe and ergonomically sound.	Choose an item.
My remote work location allows me to meet required security and		Choose
confidentiality protocols, incluintellectual property.	an item.	
I will periodically be required short notice (typically at least	Choose an item.	
I may periodically be required	Choose	
time as circumstances require, and it may be on short notice (normally		
at least three weeks' notice of		
I am responsible for maintaining reliable internet and phone service		Choose
capable of meeting the require expense.	rements of my position, at my own	an item.
I am responsible for complyir	ng with all existing terms and conditions of	Choose
employment, including collective agreements where applicable, and all		an item.
	rres, just as I am when I work on campus.	
	my designated/approved work schedule	Choose an
and to be available during the	ose hours when working remotely.	item.
I am responsible for maintaining dependent care arrangements to		Choose
ensure all normal work requirements can be met while working remotely.		an item.
I understand that remote wor	k is not intended to be used to provide	
active dependent care.		
I have read and understood the Remote Work Policy and Operating		Choose
Procedure, including but not limited to provisions relating to review and		an item.
termination of remote work a	rrangements.	

Note: Any items above marked Not Confirmed require further discussion and may impact the remote work opportunity if they cannot be effectively resolved.