**Remote Work Agreement**

This form is to be completed by the employee. Remote Work Agreements will only be accepted from employees in positions confirmed as eligible for remote work in accordance with the *Remote Work Policy, #3-345*.

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| **Employee Information** |
| First Name: | Last Name:  |
| Job Title:  | Division:  |
| Employee ID #: | Position is identified as eligible for:Choose an item. |
| Email Address:  | Application is for:Choose an item. |
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***NOTE: All remote work positions require periodic attendance on campus.***

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| **Supervisor/Manager Information** |
| First Name: | Last Name:  |
| Job Title: | Division: |
| Email Address: |  |
| **Employe Attestation** |

I, [NAME], confirm that I understand and will comply with the following terms and conditions and agree to them as part of this Remote Work Agreement. I understand that failure to comply with same will result in termination of my remote work plan.

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| My remote workspace is a designated workstation in my remote work location, that is private, quiet, not subject to foreseeable distractions and interruptions, and conducive to performing my regular work tasks.  | Choose an item. |
| My remote work location is safe and ergonomically sound.  | Choose an item. |
| My remote work location allows me to meet required security and confidentiality protocols, including the ability to protect the College’s intellectual property. | Choose an item. |
| I will periodically be required to be physically present on campus, with short notice.  | Choose an item. |
| I may periodically be required to work entirely on campus for a period of time as circumstances require, and it may be on short notice. | Choose an item. |
| I am responsible for maintaining reliable internet and phone service capable of meeting the requirements of my position, at my own cost. | Choose an item. |
| I am responsible for complying with all existing terms and conditions of employment, including collective agreements where applicable, and all College Policies and procedures, just as I am when I work on campus. | Choose an item. |
| I am responsible for working my designated/approved work schedule and to be available during those hours when working remotely. | Choose an item. |
| I am responsible for maintaining dependent care arrangements to ensure all normal work requirements can be met while working remotely. I understand that remote work is not intended to be used to provide active dependent care. | Choose an item. |
| I have read and understood the Remote Work Policy and Operating Procedure, including but not limited to provisions relating to review and termination of remote work arrangements. | Choose an item. |
| *Note: Any item(s) marked Not Agreed are subject to further discussion and may impact the availability of a remote work arrangement.*Employee Name (Print): |  |
| Employee Signature:  |  |
| Date:  |  |

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| **Manager Recommendation** |
| I have confirmed that this position is approved for remote work and have met with the employee to ensure the employee understands the requirements for remote work. I have worked with the employee to develop measurable outcomes for the position and am in agreement with the outcomes stated above. |  |
| Manager Name (Print):  |  |
| Manager Signature:  |  |
| Date:  |  |