**Remote Work Application**

This form is to be completed by the employee. Remote Work Applications will only be accepted and considered 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. |
| Requested Period of Remote Work: | From / To |
|  |

 ***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:  |  |

I, [NAME], confirm that I understand the following terms and conditions as part of my application for remote work arrangements and am prepared to agree to them as part of a Remote Work Agreement if my application is approved:

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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 conductive 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. |
| I understand that the success of remote work arrangements relies in part on having measurable work outcomes in place. Measurable work outcomes for my position could include: |
| *Note: An 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.I recommend Senior Management Team:Choose an item.If the recommendation is to decline the application, the reason(s): |  |
| Manager Name (Print): |  |
| Manager Signature: |  |
| Date: |  |