

Please contact humanresources@durhamcollege.ca if you require assistance to complete this form.

Employee First Name:

Last Name:

Department:

Manager:

Date:

The proposed agreement will cover the following period:

From:

To:

Agreement to be reviewed no later than:

Remote work will occur at the following address:

Address: Street Number:

Street Name:

City:

Province:

Postal Code:

Primary Contact Phone Number:

Secondary Contact Phone Number:

Fax Available:

Fax Number:

Work schedule for remote work and office:

Day	DC Location		Remote Work Location	
	Start Time	Finish Time	Start Time	Finish Time
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

Workspace / area has been identified in the home?

Home Office Safety Checklist completed?

The employee will be using the following DC equipment during the term of the remote work agreement:

Employee and Manager must confirm the following:

- Reviewed and discussed DC's Remote Work Policy
- Established work schedule and core contact hours
- Reporting requirements for illness and injury
- Performance standards defined (e.g. targets, to-do lists, meetings, etc.)

Reminder

- An employee with an ongoing remote work arrangement may cancel or request that the agreement be amended by providing the College with a minimum of three (3) weeks' notice.
- College reserves the right to cancel or amend the agreement at any time with the provision of reasonable notice of a minimum of three (3) weeks

Employee Acknowledgment and Agreement

Signature:

Date:

To Be Completed By Manager:**Remote Work:**

* **Note:** If the request is denied, please advise employee and provide reasons for the decision. Consult with Human Resources as required.

For approved requests, please sign below.

I understand that it is my responsibility to ensure that an employee working under my direction and participating in a remote work agreement adheres to Durham College policies.

Manager:

Signature:

Date:

A copy of this agreement is to be sent to Human Resources and included in the employee personnel file.

Notice of Collection: In accordance with Section 39(2) of the Freedom of Information and Protection of Privacy Act, 1990, the personal information collected on this form is collected under the legal authority of the Ontario Colleges of Applied Arts and Technology Act, 2002 and may be used and/or disclosed for review and approval of the Remote Work application. Your personal information may also be used for various administrative, statistical and/or research purposes of the College and/or ministries and agencies of the Government of Ontario and the Government of Canada. If you have any questions about the collection, use and disclosure of your personal information by the College, please contact the Freedom of Information and Protection of Privacy Coordinator, 2000 Simcoe Street North, Oshawa, ON, L1G 0C5, 905.721.2000 ext. 3292.