

Remote Working Agreement

This form is pursuant to the Remote Work Protocol and is to be completed by the manager in consultation with the employee for any arrangement seeing an employee work more than 7 hours per week remotely for 4 weeks or longer.


Date:

A. Parties Details:	
Employee ID #:	Manager First, Last Name and Title:
Employee First and Last Name:	Home Campus:
Employee Job Title:	Division/Department/Unit:

B. Type of Remote Working Arrangement Requested:			
* workplace accommodation arrangements are documented through a separate process found here			
Temporary or Term Specific Effective _____ to _____, inclusive	<input type="checkbox"/>	Ongoing	<input type="checkbox"/>
Remote Location Address: _____			

C. Hours of Working Remotely	
*Notwithstanding article 4.11.2 of the Remote Working Protocol requiring attendance on campus due to operational necessity.	
**Managers and employees can agree to more or different remote hours on a case-by-case basis in writing.	
Day of Week: _____	Time of Day: _____
Day of Week: _____	Time of Day: _____
Day of Week: _____	Time of Day: _____
Day of Week: _____	Time of Day: _____
Day of Week: _____	Time of Day: _____

C. Position Assessment

The Remote Work Position Assessment Form  has been completed and it supports the agreement.

State any other work characteristics that promote or hinder remote working:

D. Working Conditions and Safety

Considerations	Confirmed	Action Required/Comments
Floors <ul style="list-style-type: none"> Free of trip, slip and fall hazards Free of protrusions, loose tiles, torn/ ripped carpets 	<input type="checkbox"/>	
Stairs <ul style="list-style-type: none"> Handrail installed and in good condition Clear and unobstructed 	<input type="checkbox"/>	
Exits <ul style="list-style-type: none"> Clear and unobstructed Outside landings, walkways clean 	<input type="checkbox"/>	
Lighting <ul style="list-style-type: none"> Walking/working areas adequately illuminated 	<input type="checkbox"/>	
Ergonomics <ul style="list-style-type: none"> Employee knows and uses ergonomic principles at their workstation as outlined in Setting up the Home Office. 	<input type="checkbox"/>	
Equipment/Furnishings <ul style="list-style-type: none"> In safe operating condition 	<input type="checkbox"/>	

Electrical

Considerations	Confirmed	Action Required/Comments
Power cords in good condition	<input type="checkbox"/>	
Power cords used safely	<input type="checkbox"/>	
Adequate number of receptacles (No overloaded outlets)	<input type="checkbox"/>	

F. Campus Attendance AvailabilityN/A

Notwithstanding the scheduled hours of remote work above, the employee must remain able to attend campus within ____ hours' notice during their normal working hours.

G. Employee Attestations:

I have read and agree to all Sheridan policies, including but not limited to the Remote Working Policy, and understand how they apply to my remote work arrangement	<input type="checkbox"/>	I understand my commitments and the commitments of Sheridan related to health and safety in the remote workspace:	<input type="checkbox"/>
Employee Name (PRINT): =		Employee Signature:	
Date:			

H. Manager Attestations:

I have completed all required assessments and have met with the employee to ensure the employee understands the requirements for remote working:	
Manager Name (Print):	Manager Signature:
Date:	
Manager's Manager Name (Print)	Manager's Manager Signature
Date:	