Sheridan

Remote Working Agreement

This form is pursuant to the <u>Remote Work Protocol</u> 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 <u>here</u>			
Temporary or Term Specific		Ongoing	
Effective to, inclusive			
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 <u>Remote Work Position Assessment Form</u> 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 Free of trip, slip and fall hazards Free of protrusions, loose tiles, torn/ ripped carpets 		
StairsHandrail installed and in good conditionClear and unobstructed		
ExitsClear and unobstructedOutside landings, walkways clean		
 Lighting Walking/working areas adequately illuminated 		
 Ergonomics Employee knows and uses ergonomic principles at their workstation as outlined in Setting up the Home Office. 		
Equipment/Furnishings In safe operating condition 		

Electrical

Considerations	Confirmed	Action Required/Comments
Power cords in good condition		
Power cords used safely		
Adequate number of receptacles (No overloaded outlets)		

Receptacle plates in good condition (not broken, no evidence of shorting)	
Power bars and surge protectors plugged directly into wall receptacles (not into each other)	

Personal Safety

Considerations	Confirmed	Action Required/Comments
Do you feel safe working in your home?		
Are there any issues that Sheridan should be made aware of with regards to your safety while working from home?		

Fire Protection

Considerations	Confirmed	Action Required/Comments
Working smoke alarm(s)		
Working carbon monoxide detector		

Emergency Procedures

Considerations	Confirmed	Action Required/Comments
Evacuation plan established		
First aid supplies adequate		
Emergency contact numbers posted near the telephone		

E. Tools and Equipment				
List all equipment and resources the employee will need to perform the position remotely (include software, hardware, etc):	Provided by Employee	Provided by Sheridan		
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Click or tap here to enter text.				
Click or tap here to enter text.				
Click or tap here to enter text.				
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F. Campus Attendance Availability

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	I understand my commitments and the commitments of Sheridan related to health and safety in the remote workspace:	
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:	

N/A 🗖