



Appendix B

REMOTE WORK ARRANGEMENT FORM

Employee Name:	Department:
Manager:	Date:

Remote Work request is:

Occasional (as needed)*

Ongoing

**NOTE: The work schedule for Remote Work and office is not required for an occasional Remote Work request.*

The proposed agreement will cover the following period:

From: _____ To: _____

This remote work arrangement will be reviewed no later than 3 months after the start date on:

Remote Work will occur at the following address:

Address	
City	
Home #	
Cell #	
Text available?	Yes No

Work schedule for Remote Work and Office:

** Note that it is not permissible under the Remote Work Policy to work 100% remotely. Unless it is an original term of employment with Loyalist, every staff member is expected to work partially on campus.

	LC Location		Remote Work Location	
	Start Time:	Finish Time:	Start Time:	Finish Time:
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

Notes

The employee will be using the following LC equipment during the term of the Remote Work arrangement:

Employee and Manager must confirm the following:

- ✓ Reviewed and discussed LC’s Remote Work Policy
- ✓ Established work schedule and core contact hours
- ✓ Determined when the employee will be on campus for in-person work (mandatory)
- ✓ Identified reporting requirements for illness and injury
- ✓ Defined and set performance standards (e.g. targets, to-do lists, meetings)

Reminder:

- An employee with an ongoing Remote Work Arrangement may cancel or request that the arrangement be amended by providing the College with a minimum of one (1) month’s written notice.
- The College reserves the right to cancel or amend the Arrangement at any time with the provision of reasonable notice of a minimum of one (1) month.

Employee Acknowledgement and Agreement

I, _____, acknowledge that I have read and understand the Remote Work Policy of Loyalist College. Further, I confirm that all the information I have provided to support my request for this Remote Work Arrangement is true and accurate, to the best of my knowledge. I agree to adhere to the Remote Work Policy and understand that if I violate the rules or procedures outlined in this Policy, I may have the Remote Work Arrangement canceled, and/or face disciplinary action up to and including termination of employment.

Signature: _____

Date: _____

TO BE COMPLETED BY MANAGER:

Remote Work approved Remote Work denied*

**NOTE: If the request is denied, please advise employee and provide reasons for the decision. Consult with People & Culture (HR) 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 Arrangement is aware of Loyalist College policies and the expectations and deliverables for their role.

Manager: _____

Signature: _____

Date: _____

Note: this form is not valid unless signed by the relevant Vice President or Executive Director (see below)

TO BE COMPLETED BY VICE PRESIDENT or EXECUTIVE DIRECTOR:

Remote Work approved Remote Work denied*

**NOTE: If the request is denied, please advise manager, and provide reasons for the decision. Consult with People & Culture as required.*

For approved requests, please sign below.

I approve this Remote Work Arrangement and confirm that it supports student and organizational requirements, and fully complies with the Remote Work Policy.

Vice President/ Executive Director: _____

Signature: _____

Date: _____

Manager to send completed Arrangement document to their assigned People and Culture Advisor.