



## 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 Human Resources (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 Human Resources 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  
Human Resources Advisor.**