# **Remote Work Agreement**

All Remote Work Agreements are subject to supervisor, VP/Dean and Human Resources approval, and should be renewed on an annual basis.

**Note:** All Remote Work Agreements will be subject to the terms and conditions outlined in the Remote Work Policy and Procedure documents

## **Employee Information**

Name \_\_\_\_\_ Department \_\_\_\_\_ Position Title

## Arrangement Details

1. Of the current job description, which duties will be performed remotely? Please provide a percentage of duties that will be performed remotely.

supervisor

2. Of the current duties in the job description, which duties will be performed on campus? Ie. Staff meetings, meetings with coworkers, student facing services, etc.

3. How will the Employee communicate with co-workers, management, staff, students, and other University members to ensure there is no negative impact resulting from the Remote Work Agreement?

#### 4. Frequency of remote work

on						C
	Monday	Tuesday	Wednesday	Thursday	Friday	S
						a
						C

Please indicate the scheduled in-office and remote work days in the chart

Part-time

Full-time

Please indicate the details of the remote work schedule (ie. a weekly schedule, as needed, etc.).

## 5. The primary remote office address (if known):

## Health and Safety

Employees who work from home should be as healthy and engaged as they would be when working on campus. It is normally the responsibility of the Employee to furnish their home offices, please ensure your workstation is ergonomically correct. IT equipment is supplied by the University, please reach out to your supervisor to acquire these items.

Please contact <u>healthandsafety@trentu.ca</u> there is an accident at work or while working from home during scheduled work hours.

Health & Safety Checklist

Is there a functioning smoke alarm?

Is there clear access to a fire extinguisher?

Has an evacuation plan been established?

Are there adequate first aid supplies?

Are cords and cables causing a tripping hazard?

☐ Is there enough ventilation for electrical equipment?

A comprehensive Home Office Safety Checklist can be accessed here: Safety Checklist



Employee Number

Employee Group

# **Ergonomics Checklist**

The chair has a back on it	Keyboard height is positioned so elbows are at	t
 (if applicable, adjust the backrest so the curve of	the side of the body.	
the backrest fits the curve of back.)	The top of the screen is at eye level.	
Feet are fully supported on the floor/footrest.	The mouse is at the same height and forward r	rea

- When seated, elbows are bent at 90 degrees when typing.
- ach as g the keyboard

A comprehensive Home Office Ergonomics checklist can be accessed here: Ergonomics Checklist

Are there any safety or ergonomic concerns relating to the Employee's remote workspace?

Approvals					
<ul> <li>Employee Signature</li> <li>I confirm and understand that I may be required to attend campus as identified by my supervisor outside of the agreed upon schedule above.</li> <li>I confirm that I will be available during working hours, and will not be responsible for family care responsibilities during this time</li> </ul>					
Signature       Date         By signing this application, I acknowledge that I have reviewed the <u>Remote Work Policy</u> and agree to abide by the expectations outlined in the policy and procedures.					
Supervisor Approval I confirm that the Employee has not been the subject of any recent disciplinary action, or documented performance concerns. I am in support of a Remote Work Agreement for this employee as indicated above:					
Signature Date Employees and supervisors are encouraged to facilitate discussion on engagement and supervision of work for the duration of the Remote Work Arrangement.					
VP/Dean Approval					
Signature Date					
Human Resources Approval					
Signature Date					