



The employee has completed a hazard assessment of their proposed remote location. Together, with their supervisor, all controls for their remote location identified in the hazard assessment will be implemented before or, at the latest, at the beginning of their Alternative Work Arrangement. The employee's hazard assessment will be reviewed on a regular basis with their supervisor		
The employee's proposed workspace provides the privacy required as per Agency policies and procedures		
The employee understands that if they work more than 50% at an approved remote location, then their approved remote location will be deemed to be their primary work location and that the allocation and assignment of the employee's workspace at the Agency location would be adjusted to reflect the nature and the frequency of use. Further, the employee understands that their participation in an Alternative Work Arrangement may result in the re-assignment or reallocation of use of their current designated Agency workspace. For an example: an employee that works primarily from a remote location may be required to use a bookable shared space such as hoteling or touch down stations		
The employee understands that they need supervisor approval to change their approved remote location, which also includes ad-hoc requests for short-term location agreements		
<b>Expectations</b>	<b>Yes</b>	<b>No</b>
The employee has read through and understands the Alternative Work Arrangements Program Guide		
The employee understands that, upon completion of this approval form, they must have a conversation with their supervisor about what is expected of them while working remotely		
The employee understands that they are responsible for working the total required hours regardless of their work location and understands that they may be required to work at other times to meet Agency needs		
The employee is clear on their expected hours of work per day/shift which includes core business hours and the clear required time frame that the employee is expected to be available.		
The employee must be available to perform certain duties as required (such as meetings and/or training, etc. as scheduled) and must be available to return to an Agency workspace when required to do so. The employee understands that they can be directed to report to an assigned worksite when required		
The employee acknowledges that their contact information and emergency notification contacts are up to date with Human Resources		
The employee understands that if they have an unexpected absence, they must report this to their supervisor before the start of their work day or as early as possible		
The employee understands that if they are feeling unwell and are unable to meet their work expectations that they need to report this to their supervisor		
The employee understands that they must report any injuries incurred while working remotely		
The employee understands that the proposed Alternative Work Arrangement can be concluded as set out in the Alternative Work Arrangements Guide		
The employee understands and acknowledged that the Alternative Work Arrangement is voluntary, is made available by the Agency to eligible employees as a matter of workplace policy, can be rescinded at the sole discretion of the Agency at any time, and does not in any way change, vary or modify the terms of conditions of the employee's ongoing employment relationship with the Agency		

Please provide the name and signature of approving managers (two levels above staff member applying for the AWA) The foregoing Alternative Work Arrangement Agreement is approved:

	Name	Signature	Date
Level 1 approval			
Level 2 approval			

\* A signed copy must be provided to the HR Service Partner for official records

### Employee Acknowledgement

I, \_\_\_\_\_, hereby accept and acknowledge the foregoing Alternative Work Arrangement Agreement and understand the conditions of the working arrangement and performance expected. I further acknowledge that participation in the Alternate Work Arrangement is a privilege, not a right and that this Alternate Work Arrangement can be terminated at any time, for any reason, by the Agency.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_