

Alternative Work Arrangement Agreement

This document provides the expectations and accountabilities for both parties in the Alternate
Work Agreement of:

Alternate Work Arrangement Terms:

Employee Information Employee ID: Service Area: Program: Primary Location (Spends more than 50% of their time conducting their work) Secondary Location (Spends less than 50% of their time conducting their work) Arrangement Type Alternate Work Arrangement (AWA) Situational Work Arrangement (SWA) Employee Status and Work Hours Full Time Part Time Hours per week: Duration of Agreement (Must receive a yearly review, at minimum) Start Date: End Date: Agreement Review Date: Required days working in the office Monday Tuesday Wednesday Thursday Friday Tasks that are unable to be completed remotely and must be completed at the office or designated work location	Alternate Work Arrangement Terms:					
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Tasks that are unable to be completed remotely and must be completed at the		Agreement R	eview Date:			
remotely and must be completed at the	Required days working in the office	Monday	Tuesday	Wednesday	Thursday	Friday
	Tasks that are unable to be completed					
office or designated work location	remotely and must be completed at the					
	office or designated work location					

Eligibility Checklist

Eligibility Criteria	Super	visor
Nature of the Occupation	Yes	No
The employee is a non-residential employee that works fulltime or part time with guaranteed hours of		
work		
The tasks that the employee completes in their job role can be completed in part or in whole at a remote		
location		
Technology/ Equipment	Yes	No
The employee has appropriate technology and equipment available to them at their proposed remote location		
to effectively meet job expectations		
The employee understands that they are responsible for funding any equipment that they feel beyond what the		
Agency is providing them as outlined in the Alternative Work Arrangements Program Guide		
The employee has access to secure and reliable high speed Internet at their proposed remote location		
The Employee agrees that all the equipment provided by the Agency shall remain the property of the Agency		
and shall be returned to the Agency should employment or this AWA terminate		
Workspace	Yes	No

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		
Expectations	Yes	No
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 much 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 AW	'A) The f	oregoing
Iternative Work Arrangement Agreement is approved:		

	Name	Signature	Date
Level 1 approval			
Level 2 approval			

* A signed	copy must be provided to the HR Service Part	ner for official records
Employee	Acknowledgement	
Alternate V	d the conditions of the working arrangement	edge the foregoing Alternative Work Arrangement Agreement and and performance expected. I further acknowledge that participation in the add that this Alternate Work Arrangement can be terminated at any time, for
	Employee Signature:	Date: