## Remote Work Assessment Form

*Instructions: This form is to be completed by the supervisor/manager in consultation with the employee. Sections G and H are to be signed off by the supervisor and employee, respectively. Append this form to the Remote Work Agreement.*

***Date:*** *Click or tap to enter a date.*

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| **A. Employee Details:** | |
| Assessment Date:  Click or tap to enter a date. | Employee ID #:  Click or tap here to enter text. |
| Employee First Name:  Click or tap here to enter text. | Manager First Name:  Click or tap here to enter text. |
| Employee Last Name:  Click or tap here to enter text. | Manager Last Name:  Click or tap here to enter text. |
| Employee Job Title:  Click or tap here to enter text. | Manager Job Title:  Click or tap here to enter text. |
| Division:  Click or tap here to enter text. | Department/Unit:  Click or tap here to enter text. |
| Employee Group: | Bargaining Agent: |

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| **B. Type of Remote Work Arrangement Requested:**  Indicate the type of remote working arrangement being considered. Review types listed under 2.0 of the Remote and Flexible Work Procedure. | | | |
| Time limited |  | Permanently remote |  |
| Critical Situation |  |  |  |

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| **C. Work Assessment (Completed by Direct Supervisor):**  Check all boxes that apply. | | | |
| Job has a high level of autonomy and minimal requirements for face-to-face interactions |  | Job does not strictly require full-time  in-person contact/customer service to support core functions of the College |  |
| Job requires reading, writing, research, working with data, or talking on the phone |  | Job does not rely upon specific equipment or supplies which require on-site working |  |
| Job can be done off-site without disruption to flows of work and communication |  | Job works with classified documents and remote working introduces a risk |  |
| Job is specifically contracted or developed to be executed remotely |  | Job has compliance requirements that cannot be effectively met in a remote working arrangement |  |
| Job can be executed with minimal disruption to student or employee services |  | Employee is in good standing (no disciplinary) |  |
| Job can be performed remotely in a similar manner as if it were being performed on campus |  | The employee competently demonstrates the competencies, knowledge and skills required to perform the job remotely |  |
| Job has clearly defined and measurable outputs/outcomes |  | Managing the employee's performance can be effectively done in the remote setting |  |

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| State any other work characteristics that promote remote working:  Click or tap here to enter text. |

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| **D. Workplace Safety Assessment:**  Confirm the employee has completed the Remote Workstation – Self-Assessment Safety Checklist, and indicate thedate completed | | |
| **Specifics** | **Date** |  |
| The employee has provided a response plan in case of an emergency |  |  |
| The employee has indicated satisfactory working conditions |  |  |
| The employee has indicated satisfactory fire safety conditions |  |  |
| The employee has indicated satisfactory ergonomics conditions and have completed the ergonomic self-assessment |  |  |
| The employee has indicated satisfactory personal safety conditions |  |  |
| Indicate any concerns or supports the employee will require to achieve workspace safety:  Click or tap here to enter text. | | |
| Indicate any supports that Confederation will provide:  Click or tap here to enter text. | | |

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| **E. Equipment and Resources: \*\*\* The College is not responsible for the provision of any furnishings including but not limited to desks, chairs and file cabinets. \*\*\*** | | | | |
| List all equipment and resources the employee will need to use in the execution of the job (include software, hardware, etc.): | | Provided by Employee | Provided by Confederation | |
| Click or tap here to enter text. | |  |  | |
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| **F. Accommodation Assessment:**  *Note: If this request for remote working was initiated by the employee and is part of a request for an accommodation, indicate ‘Yes’ below. No further documentation is required as Accommodation is managed via a different process. The employee should contact:*  **Elise Demeo**  **Senior Manager, Human Resources & Labour Relations**  **807-475-6145**  **Email: edemeo@confederationcollege.ca** | | | |
| **Is this remote working arrangement part of an accommodation request?** | | | |
| Yes | No | | |

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| **G. Employee Attestations:** | | | |
| I have read and agree to adhere to the following policies:   * Acceptable Use Policy * Health and Safety Policy * Sick Leave |  | I understand my commitments and the commitments of Confederation College related to health and safety in the remote workspace: |  |
| I understand my commitments and the commitments of Confederation related to the equipment and resources I use in my remote workspace: |  | I have read and understand the expectations on me as laid out in the Remote and Flexible Work Policy: |  |
| Employee Name (PRINT):  Click or tap here to enter text. | | Employee Signature:  Click or tap here to enter text. | |
| Date:  Click or tap to enter a date. | | | |
| The Union consents to the foregoing arrangements: | | | |
| Union Representative (PRINT): Union Representative Signature | | | |
| Date: | | | |
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| **H. Manager Attestations:** | |
| I have completed all required assessments and have met with the employee to ensure the employee understands the requirements for remote working: | |
| Manager Name (Print):  Click or tap here to enter text. | Manager Name (Print):  Click or tap here to enter text. |
| Date:  Click or tap to enter a date. | |