## 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. |[ ] [ ]
| Click or tap here to enter text. |[ ] [ ]
| Click or tap here to enter text. |[ ] [ ]
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| Click or tap here to enter text. |[ ] [ ]
| **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. |