[Date]

Employee Name

Employee Title

Department/Faculty

Dear [Employee Name]:

**Re: Remote/Flexible Work Agreement**

This letter confirms your recent discussions with your supervisor and your written request received on [Date] for approval to work remotely.

Upon review of the **Remote Work Assessment Form** (completed with your supervisor) and the **Remote Workspace Self-Assessment Checklist** (completed by you), your request for a remote working arrangement, effective [Date to Date] inclusive, is approved, subject to the following terms and conditions:

**Remote and Flexible Work Agreement Details**

The type of remote working arrangement you have been approved for is [state one of the four types described in the Policy]

**Term**

Your remote work agreement will be in effect from [Date] until [Date], and may be renewed with the agreement of your supervisor, [Supervisor name].

Consistent with the conditions of the Remote and Flexible Work Policy, your arrangement is subject to periodic review, and may be terminated sooner at the sole discretion of Confederation College.

**Adherence to the Remote and Flexible Work Policy and the Guidelines hereto Appended:**

You are required to comply with all conditions laid out in the Remote and Flexible Work Policy which and to commit to all the expectations and conditions outlined in the Remote and Flexible Work Procedure, which are summarized below.

**Hours of Work**

Your current work hours remain in effect, and it is understood that you will work remotely on the following days/times:

[Day of week] to [day of week] weekly

[start time] to [end time] daily

**Work Assignments**

During your remote work arrangement, you will remain responsible for fulfilling all of your work commitments as outlined by your supervisor. You will ensure your overall productivity, progress and reporting on assignments.

[add any specific details of the work expectations and performance expectations]

**Remote Work Readiness**

In advance of [date remote working arrangement commences], you must discuss with your supervisor all actions required to implement the supports outlined in the Remote Work Assessment Form, so that you will be ready to continue to work from the date your remote arrangement commences. This includes: expected work hours and work expectations, remote working duration, responsibilities for supplies, equipment and services, reimbursement, emergency contact information, overtime treatment, security, expected means of communication, and an incident reporting process as a minimum content requirement.

Note that any costs related to, furnishing (such as chairs, desks, filing cabinets, etc.) or maintaining (such as high-speed internet, electricity, heat, hydro, etc.) your workspace will not be reimbursed by Confederation College and will be your responsibility. T2200 tax forms will not be issued as this is a voluntary arrangement and is not a condition of employment.

Elise Demeo

Senior Manager, Human Resources and Labour Relations

[Signature]

[Date]

Acknowledgement

I understand and agree to all the above stipulated remote working arrangement terms and conditions as well as those outlined in the Remote and Flexible Work Policy and Procedure hereto attached.

[Employee Name]

[Employee Signature]

[Date]

Where the employee is represented by a Bargaining Agent (Remove if not applicable):

[Union Representative Name]

[Union Representative Signature]

**\*Attach copies of the Remote and Flexible Work Policy and Procedure and copies of all forms**