



# Remote Work Agreement

## Employee Information

First Name	<input type="text"/>	Last Name	<input type="text"/>
Position Name	<input type="text"/>	Supervisor	<input type="text"/>
Employee Number	<input type="text"/>	Telephone	<input type="text"/>

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## Remote Work Arrangement

Date - From  To

Location of Remote Work

### The remote work arrangement does not:

1. Have an adverse impact to students.
2. Impact role productivity or deliverables.
3. Adversely impact department team members.
4. Result in overtime or any other additional department expenses.

The work location is a safe work environment (i.e. see Section 4 of the Remote Work Guidelines).

The remote work location has sufficient technology requirements (i.e. see Section 3 of the Remote Work Guidelines).

Additional Comments

**\*\*Attach an additional sheet if more space is required.**

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## Approval

Employee Signature	<input type="text"/>	Date	<input type="text"/>
Dean/Director or Vice President Approval	<input type="text"/>	Date	<input type="text"/>
Human Resources Representative Signature	<input type="text"/>	Date	<input type="text"/>

Remote Work Agreement Compliant with Guidelines  Yes  No

Copy on Employee's Personnel File  Yes

Please send the completed form to [human.resources@keyano.ca](mailto:human.resources@keyano.ca).