

**APPENDIX A**

**APPLICATION FOR TELEWORK ARRANGEMENT**

**1. Application**

---

Last Name	First Name	Initial
-----------	------------	---------

---

Address

---

Postal Code

---

Department	Division	Section
------------	----------	---------

---

Classification/Working Title	Position Number
------------------------------	-----------------

---

Employee Number	Phone # (work)
-----------------	----------------

**2. Dates**

Period of telework being requested:

FROM (mm / dd / yy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ TO (mm / dd / yy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Please specify the start time and end time

	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Total</u>
Designated Work Site						
Telework Site						
Total Hrs/day						

% of time at the Designated Work Site: \_\_\_\_\_  
% of time at the Telework Site: \_\_\_\_\_

**3. Reason for request**

---

---

---

---

---

**4. Employee Signature**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee

**I hereby agree to this employee's application, pending meeting the requirements as outlined in the Telework Policy and Agreement.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor / Manager

\_\_\_\_\_  
Date

\_\_\_\_\_  
Human Resource Manager

\_\_\_\_\_  
Date

\_\_\_\_\_  
Deputy Head/Director

**APPENDIX B**

**PROVINCE OF PRINCE EDWARD ISLAND**

**TELEWORK AGREEMENT**

\_\_\_\_\_  
(the Employee)

AND

\_\_\_\_\_  
(the Employer)

The Employer and the Employee agree as follows:

- Schedule** 1. (a) The Employee's normal work week will consist of:
- (i) \_\_\_\_\_ as designated work site days.
  - (ii) \_\_\_\_\_ as telework site days.
- (b) Subject to amendment or termination by the Employer at its discretion or in the form of a written request from the employee;
2. Daily hours of work shall be:  
\_\_\_\_\_
- Employee Status** 3. The employee's status, eligibility for authorized overtime, obligations, benefits and entitlements are not altered by this Agreement. Overtime wherever possible should be pre-authorized by the Employer.
- Home Office** 4. The telework site location of the Employee is:  
Telework Site Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone/Email: \_\_\_\_\_

**Home Renovations** 5. Except as provided in paragraph 18, the Employee is responsible for all costs associated with home renovations and/or electrical upgrades required for a telework site.

**Safety** 6. The Employee agrees to maintain a designated workspace that meets the Employer's normal workplace occupational health and safety standards for the telework site. A visit may be made by the Manager or Supervisor and PSC OHS section staff to review health and safety issues on reasonable notice to the Employee.

7. The Employee agrees to promptly report all work-related incidents and accidents to the Supervisor or Manager.

8. Clients are not to be seen in the telework site for liability reasons.

**On-Site Visits** 9. The Employee agrees to make the telework site accessible for on-site visits by Employer representatives for safety inspections, accident investigation, security and equipment audits and other work related matters.

**Insurance** 10. The Employee agrees to carry \$2,000,000 of general liability insurance, and costs associated with this coverage are the responsibility of the employee. The Employee is responsible to advise their insurance company of the telework arrangement, and provide confirmation of adequate coverage, to the Employer.

11. The Government of P.E.I.'s insurance coverage does not extend to equipment and furniture owned by the employee.

**Family Responsibilities** 12. The Employee agrees to have arrangements in place for regular dependent care.

**Equipment** 13. The Employer will provide equipment as follows:

Item:	Serial #
_____	_____
_____	_____
_____	_____
_____	_____

**Security** 14. The employee must sign an Acceptable Use Policy for Computer Systems and VPN Government Request form. The Employee must ensure that required IT security standards are followed at all times.

A dedicated LAN connection or a password protected wireless connection must be used.

**Technical Support** 15. ITSS will provide the service necessary for the installation, upgrading, maintenance and removal of hardware, software, virus protection and peripheral equipment. Service will be provided remotely when possible, or may require the employee to bring the device to a government location.

**Costs/ Expenses** 16. The Employer will supply or pay for the following costs and service charges associated with the telework site (e.g.office supplies, courier, and work related telephone expenses).

---

---

---

---

---

17. All telework site-related expenses must be pre-authorized and supported by receipts.

18. The Employer is not responsible for any costs not specified in this agreement.

**Travel Expenses** 19. The Employee is eligible for travel expenses as outlined in the Treasury Board Policy Manual.

20. The Employee is responsible for any costs associated with travel to the designated work site, including trips to and from the designated work site, on any of the telework site work days.

**Amendment** 21. Withdrawal from the program or any revisions requested is required to be in writing to the Employer.

22. Notwithstanding clause 21, this agreement automatically terminates when the employee moves to a new position.

**Additional  
Conditions**  
(as agreed to  
by employee  
and manager/  
supervisor)

23. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Manager or Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Deputy Head/Director

**Original – Employee Personnel File    Copy – Employee    Copy – Manager or Supervisor**

**APPENDIX C**

**Telework Site Health & Safety  
Self-Assessment Checklist**

<b>Telework Site</b>	<b>Yes</b>	<b>No</b>	<b>Employee Initial</b>
<b>Floor Area</b>			
Is the office space neat, clean and free of hazardous material?			
Are office space floor surfaces clean, dry, level and free of worn or frayed seams?			
Are carpets well secured to the floor and free of frayed or worn seams?			
Are all materials, cabinets and other furnishings properly secured from falling on the teleworker?			
Is there enough room to ensure a clear and unobstructed passage to and from the telework location?			
<b>Stairways and Hallways Etc.</b>			
Are all stairs with four or more steps equipped with handrails?			
Are all stairs, hallways, aisles, doorways and corners free of obstructions to permit visibility and movement?			
<b>Lighting &amp; Electrical</b>			
Are lighting levels adequate to perform the required work tasks?			
Is all electrical equipment, including power bars and extension cords, CSA-approved and in good working condition?			
Are phone lines, charging cables and electrical cords properly placed or secured to avoid tripping hazards?			
<b>Environment</b>			
Are temperature, noise, and ventilation levels adequate?			
Is there an adequate number of smoke alarms/detectors?			
Is there a portable fire extinguisher and does the teleworker know how to operate it properly?			
<b>Workstation/Office Furnishings</b>			
Is the furniture safe?			
Is the chair in good working order (i.e. secure and sturdy)?			
Is the chair, desk, keyboard and mouse, etc. adjusted to meet			

basic ergonomic needs?			
<a href="#">Computer Workstation Checklist</a>			
<b>Other</b>			
Is a first-aid kit accessible to the telework location?			
Are emergency contact numbers posted near the phone and/or in the telework location?			
Is there an evacuation route in place and posted in the telework location in the event of a fire or other emergency?			
Is the telework location free of any other identifiable physical, chemical, electrical or fire hazards?			
I have provided my Manager or Supervisor with a photo of my telework site including desk, workstation and chair.			

Hazards Noted:

---



---



---

Employee:

I confirm that I have completed the Self-Assessment Checklist of my telework location, and attest to the information contained within as being accurate and complete. I further attest that I will take all necessary corrective actions to eliminate any hazards noted on the Self-Assessment Checklist, before beginning the telework arrangement.

I understand that safety inspections may be made of my alternate work site (telework location) with prior notice, except in the case of emergency.

Employee Signature:

---

Employee Printed Name:

---

Date:

---

Manager/Supervisor:

I have met with the above-noted employee who confirms that their telework site is adequately equipped from a health and safety perspective. The employee is further aware that they must notify the Employer immediately of any changes to the telework sit that could change the status of the Self-Assessment Checklist.



Manager/Supervisor  
Signature:

---

Manager/Supervisor  
Printed Name:

---

Date:

---

**Original - Employee Personnel File**

**Copy – Employee**

**Copy – Manager/Supervisor**