

APPENDIX A

APPLICATION FOR REMOTE WORK 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 remote work being requested:

FROM (mm / dd / yy) _____ / _____ / _____ TO (mm / dd / yy) _____ / _____ / _____

Please specify the start time and end time

	Monday	Tuesday	Wednesday	Thursday	Friday	Total
Designated Work Site						
Remote work						
Total Hrs/day						

% of time at the Designated Work Site: _____
% of time at the Remote work 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 Remote Work Guidelines and Agreement.

Date

Supervisor / Manager

Date

Human Resource Manager

Date

Deputy Head/Director

APPENDIX B

PROVINCE OF PRINCE EDWARD ISLAND

**REMOTE WORK
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 remote work 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 Remote Work site location of the Employee is:
Remote work 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 remote work 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 remote work 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 remote work site for liability reasons.

On-Site Visits 9. The Employee agrees to make the remote work 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. Should the employee have Homeowners or Renters insurance, it is recommended that they inform their insurance company of their remote work arrangement. If the employee carries "Personal Liability" insurance, we would recommend a minimum of \$1,000,000 coverage. The cost of the insurance is the sole responsibility of the employee.

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 remote work site (e.g.office supplies, courier, and work related telephone expenses).

17. All remote work 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 remote work 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

**Remote Work Site Health &
Safety
Self-Assessment Checklist**

Remote work Site	Yes	No	Employee Initial
Floor Area			
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 remote worker?			
Is there enough room to ensure a clear and unobstructed passage to and from the remote work location?			
Stairways and Hallways Etc.			
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?			
Lighting & Electrical			
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?			
Environment			
Are temperature, noise, and ventilation levels adequate?			
Is there are an adequate number of smoke alarms/detectors?			
Is there a portable fire extinguisher and does the remote worker know how to operate it properly?			
Workstation/Office Furnishings			
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?			
Computer Workstation Checklist			
Other			
Is a first-aid kit accessible to the remote work location?			
Are emergency contact numbers posted near the phone and/or in the remote work location?			
Is there an evacuation route in place and posted in the remote work location in the event of a fire or other emergency?			
Is the remote work location free of any other identifiable physical, chemical, electrical or fire hazards?			
I have provided my Manager or Supervisor with a photo of my remote work site including desk, workstation and chair.			

Hazards Noted:

Employee:

I confirm that I have completed the Self-Assessment Checklist of my remote work 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 remote work arrangement.

I understand that safety inspections may be made of my alternate work site (remote work 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 remote work 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 remote work site 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