

APPENDIX A - TELEWORK REQUEST FORM AND SELF-ASSESSMENT

TO BE COMPLETED BY THE EMPLOYEE

A request to telework must be submitted in writing by the employee utilizing this form and is to be submitted to the employee's manager. The request shall be submitted at least thirty (30) days in advance of the proposed start date. A telework request should set out sufficient information to allow the employee's manager and Head of Unit to assess the suitability of the request.

Section A - Employee Information

Name:	Employee Number:
Position Title:	Faculty or Service:
Bargaining Unit:	Email:
Telephone Number:	Official Place of Work at the University:

Emergency Contact Name and Telephone Number:

Section B – Proposed Telework Arrangement and Schedule

Mon	Tue	Wed	Thu	Fri	N/A Explain:	Hours of Work:
Start Date:					End Date:	
Telework Location (Include Address):					Telework Phone Number:	

Section C – Telework Arrangement Request Particulars

- 1) Have you read the telework guidelines?
 Yes No
- 2) Are you able to perform the key responsibilities of your role remotely?
 Yes No

 Please explain:
- 3) Have you established performance objectives with your manager, key deliverables, and deadlines to meet objectives set?
 Yes No

 Please explain the proposed work and deliverables you are requesting be performed at the telework location:

4) Are there any months of the year you believe telework is not feasible?
 Yes No
 Please explain:

5) Do you have a workspace that is ergonomically appropriate as per the requirements set out in Appendix C, is free of distractions, and is free of hazards?
 Yes No
 Please explain:

6) Have you made appropriate arrangements for care of dependants during work hours?
 Yes No
 Please explain:

7) Do you have the necessary equipment and resources to perform your work remotely? (including but not limited to a university issued laptop and reliable home internet service)
 Yes No
 Please explain:

I have read and understood the University's telework guidelines. I understand that my official place of work remains the University of Ottawa in the City of Ottawa (or at the University's campus in Windsor or Toronto, as applicable). I accept the terms and conditions outlined in the telework guidelines.

Employee Name:

Employee Signature:	Date:
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Acknowledgement - Manager Section

Manager Name:

Manager Signature:	Date:
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Acknowledgement - Human Resources Section

HR Representative Name:

HR Representative Signature:	Date:
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APPENDIX B - TELEWORK AGREEMENT

TO BE COMPLETED BY THE HEAD OF UNIT, MANAGER AND EMPLOYEE

This telework agreement confirms the particulars of the telework arrangement, including the telework location and the schedule and is subject to the provisions, terms and conditions outlined in the University's Telework Guidelines as referred to in Section D below. The employee, the employee's manager and Head of Unit must sign this agreement before the employee can begin a telework arrangement.

Section A - Employee Information

Name:	Employee Number:
Position Title:	Faculty or Service:
Bargaining Unit:	Email:
Telephone Number:	Official Place of Work at the University:
Emergency Contact Name and Telephone Number:	

Section B – Telework Arrangement and Schedule

Mon	Tue	Wed	Thu	Fri	Days Per Week:	Hours of Work:
Start Date:						End Date:
Telework Location (Include Address):						Telework Phone Number:

Section C – Telework Arrangement Particulars

This section should describe any other steps or measures to be taken by the employee during the telework arrangement (for example, the work the employee will be completing at the telework location, tools to be used, reporting requirements, requirements to attend specific meetings in person, communication schedule between the employee and their manager, steps to be taken by the employee to ensure protection of the University's confidential information, and how the employee will secure and securely dispose of sensitive information).

Performance objectives have been confirmed with the employee, key deliverables and deadlines have been established to meet the objectives set. Please explain:

Equipment provided by the University for the duration of the telework agreement:

Section D – Conditions

This telework agreement comes into effect on the date of the employee’s manager and Head of Unit sign this form and is subject to the University’s telework guidelines, as amended from time to time (“Telework Guidelines”). The University’s policies and procedures and relevant collective agreement as amended from time to time continue to apply. In signing this agreement, the employee acknowledges they have read the Telework Guidelines, all policies, guidelines, and procedures relevant to the telework arrangement and, as applicable, their collective agreement.

I have read and understood this agreement and the University’s telework guidelines and I accept the terms and conditions outlined in them including that my official place work is the University of Ottawa in the City of Ottawa (or at the University’s campus in Windsor or Toronto, as applicable).

Employee Name:

Employee Signature:

Date:

Telework Arrangement Approval or Denial

Approve

Deny

Head of Unit Name:

Head of Unit Signature:

Date:

Approve

Deny

Manager Name:

Manager Signature:

Date:

Acknowledgement - Human Resources Section

HR Representative Name:

HR Representative Signature:

Date:

I Cancel This Telework Arrangement (Employee or Manager/Head of Unit)

Employee Name:

Employee Signature:

Date:

Head of Unit Name:

Head of Unit Signature:

Date:

Manager Name:

Manager Signature:

Date:

Acknowledgement- Human Resources Section

HR Representative Name:

HR Representative Signature:

Date: