



Work from Home Agreement AP 410 Appendix A

Employees who work at an alternative workplace must first complete a Work from Home Agreement with their supervisors.

Employee Name:	Employee #:
Off-Site/Location:	Job/Position:

Checklist:			
Have you completed and attached an Ergonomics Assessment of your alternative workspace?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Have you read the Alberta OH&S guidelines (on website) for working alone?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Have you signed and submitted: Administrative Procedure 140-1 Acceptable Use Agreement?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>

Work Schedule:			
Days per week that the employee is expected to be available:	M	TU	W TH F
Times of day the employee is expected to be available:	a.m./p.m.	to	a.m./p.m.
Work expected to be performed:			

Communication Plan:	
Do you have access to a telephone, voicemail, email, teleconference/video conference? (Can be personal cell phone or school cell phone)	
Describe:	Phone Number:
What time and days will the employee check in with their supervisor?	
Describe Plan:	

Technology Use & Maintenance:	
What devices are being used by the employee:	
Computer:	Owned by: GYPSD or Personal
Phone:	Owned by: GYPSD or Personal
If the employee is using Personal devices all maintenance and replacement costs will be at the employees expense	
All ongoing expenses such as workplace utilities, phone & internet will be at the employee's expense	

Employee Statement:
I, _____, acknowledge the duty to maintain a safe work environment, and agree to hold Grande Yellowhead School Division harmless for injury to self or others at the telecommuting workplace.

Grande Yellowhead School Division Statement:
Grande Yellowhead School Division retains the right to modify the agreement on a temporary basis as a result of business necessity, or as a result of an employee request supported by the supervisor.
This agreement is voluntary, and may be terminated at any time by either party with appropriate notice.

Employee Signature:	Date:
Supervisor Signature:	Date: