

E-work Agreement

As of September 15, 2015

Employee Name: _____ Job Title: _____

Department: _____ Division: _____

Employee Work Headquarters: _____ E-work Site: _____

Telephone Numbers: Office: _____ Home: _____ Cell: _____

Fax: _____ E-mail: _____

Home Address: _____

Date to Begin Trial E-work Arrangement: _____

Date to End Trial E-work Arrangement: _____

Conditions of E-work Arrangement

These conditions for the e-work arrangement are agreed to by the e-work employee and the department.

The employee understands that e-work is a voluntary flexible work arrangement between the department and the employee.

The employee further understands that e-work is not permanent, nor is it a right or a reward, and can be terminated at any time if it is determined that the needs of the department or the employee are not being met.

The employee agrees to keep the department informed of any problems experienced with the work performed while e-working. In addition, the employee will notify the department of any deviations from agreed upon work schedules and follow normal procedures to request overtime or the use of the various types of leave.

The employee's status, eligibility for authorized overtime, obligations, benefits and entitlements are not altered by this agreement. The e-work arrangement will automatically terminate when the employee leaves their present position.

Family Responsibilities

The employee agrees that normal dependent care arrangements will remain in place during an e-work agreement.

Employee / Department Communications

The employee/department will establish ongoing and effective communication processes (e.g., e-mail, telephone, etc) throughout the e-work arrangement. This arrangement may include greater use of team meetings when the employee is at his/her headquarters.

E-work Tasks

The employee/department agree that the following typical tasks shall be performed at the e-work site:

Schedule

The employee's e-work assignments shall occur on the following days of each week:

_____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

The above schedule may be altered by mutual agreement between the employee and the department.

Employer / Employee Review

Meetings between the employee and the director/supervisor will be scheduled every _____ (indicate time frame) to review the e-work arrangement and to discuss any adjustments.

Home Renovations

The employee is responsible for any costs associated with home renovations required for a home office, including physical installation of phone lines and electrical upgrades. The employee shall maintain a designated work space that meets departmental requirements.

Equipment Inventory

The department will provide equipment as follows:

Item: _____ Serial #: _____

Use of Equipment

Equipment provided by the department is to be used solely for the purpose of performing the duties associated with the employee's position. The employee agrees to follow the employer's policy on *Equipment and Resource Usage*.

Security

The employee must ensure all security guidelines and standards are followed. Security guidelines and standards include but are not limited to: physical and environmental security; data security; software security; communications security; computer virus protection; and license agreements and copyright protection.

Please refer to Information Technology and Protection Considerations for E-Work Arrangements produced by OCIO.

Technical Support

The department will provide the service necessary for the installation, upgrading, maintenance and removal of hardware, software, virus protection and peripheral equipment.

Occupational Health and Safety

The employee agrees to maintain a designated work space that meets the department's normal workplace occupational health and safety standards. An E-work Risk Assessment Checklist, completed by the employee, must be attached to the e-work agreement.

The employee agrees to promptly report all work-related accidents to the department and to make his/her home available for an accident investigation, if necessary.

The employee agrees that no business meetings will be held in the e-work office without specific approval of the department.

Costs/Expenses

The department will supply or pay for costs and service charges associated with the e-work site, such as: dedicated phone lines, internet e-mail, office supplies, courier services, business-related long distance calls, network hook-up, modems and devices for security purposes. List any additional costs/expenses which the department will cover:

All office-related expenses must be pre-authorized. The department is not responsible for any costs not specifically included in this agreement.

Travel Expenses

The employee is responsible for any costs associated with travel to the office, including trips to the headquarters on any designated e-work day.

On-Site Visits

The employee agrees to make the home office accessible for on-site visits by departmental representatives for safety inspections, equipment audits and other business-related matters upon 24 hours notice.

Additional Conditions

E-work Arrangement

The employee agrees to abide by all government/department policies, procedures and legislation, including but not limited to the confidentiality of clients, department information and documentation.

Notice of Termination of E-work Arrangement

Before the end of the trial period, if it is apparent that the arrangement is negatively affecting the productivity, costs or operational needs of the department, the Deputy Minister or designate should consult with the employee to modify or discontinue the arrangement if necessary.

The employee understands that the approval of the e-work arrangement is made on an individual basis.

This is a *volunteer* arrangement between the employer and the employee. The terms and termination of the E-work Agreement are not subject to the grievance procedure.

Employee /Employer Agreement

I have read and I understand the E-work Guidelines and the Question and Answer Sheet. I agree to the conditions of my requested e-work arrangement as contained in this agreement. I also understand that this flexible work arrangement can be adapted or terminated at the department's discretion.

Employee: _____ Date: _____

Employer Signatures:

Director/Manager/
Supervisor: _____ Date: _____

Deputy Minister/
Deputy Minister Designate: _____ Date: _____

Extension / Cancellation

This E-work arrangement is extended to _____ (date).

This E-work arrangement is canceled as of _____ (date).

Comments:

Employee: _____ Date: _____

Employer Signatures:

Director/Manager/
Supervisor: _____ Date: _____

Deputy Minister/
Deputy Minister Designate: _____ Date: _____

**cc: Director of Strategic Human Resource Management Unit
Personal file of (insert employee's name)**