

Red River College Polytechnic is committed to fostering a safe, highly productive, engaged and inclusive workforce, and recognizes that flexible work arrangements, such as the ability to work remotely, can be mutually beneficial to employees and the College.

In fulfilling this commitment, RRC Polytech recognizes that not all positions can be performed remotely or are suitable in all situations for remote work arrangements. This Employee Request Form and accompanying Manager's Assessment allows for the fair, objective, and transparent consideration of requests on a case-by-case basis, in accordance with the established Remote Work Policy and accompanying procedures.*

***Note:** A remote work arrangement may not be required for pre-existing, previously authorized, remote work arrangements or one-off requests to work remotely on an *ad hoc* basis. Employees are encouraged to discuss their voluntary remote work arrangement request with their manager prior to completing the Employee Request Form.

EMPLOYEE INFORMATION

Employee Name:		Employee Number:	
Position Title:			
Manager Name:			
Position Title:			
Department Name:			
Date Request was Submitted for Review:			

TYPE OF ARRANGEMENT REQUESTED:

Please select the type of remote work arrangement you are requesting. Please refer to the Remote Work Policy (hyperlink) for a definition of the different types of remote work arrangements.

<input type="checkbox"/> Periodic Remote Work (i.e., 1-2 days per week/month work remotely)
<input type="checkbox"/> Blended Remote Work (i.e., 60-80% of work is conducted remotely)
<input type="checkbox"/> Primary Remote Work (i.e., work is rarely, if ever, conducted at a RRC Polytech worksite)

WORK FREQUENCY/SCHEDULE:

For periodic or blended remote work requests, please provide further details on the requested arrangements (i.e., how many days you are requesting to work remotely per week or per month; and which days are you requesting to work remotely).

Frequency: (insert # of days requested)		<input type="checkbox"/> per week				
		<input type="checkbox"/> per month				
Schedule:	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> To be determined* (*Based upon operational needs)

DURATION*:

Please select whether the requested remote work arrangement is for a specified period or ongoing. If the arrangement is for a specified, please indicate the requested effective and expiry date.

***Note:** As the Remote Work Policy is being implemented on an interim basis, ongoing remote work arrangements will be established for an initial period of up to one year and will be subject to review and further extension based upon operational and policy requirements. Similarly, any request for a specified period remote work arrangement shall not exceed up to one year.

<input type="checkbox"/> Specified Period	Requested Effective Date:		Requested Expiry Date:	
<input type="checkbox"/> On-going				

REMOTE WORKPLACE:

Please provide the address for your primary (and secondary, if applicable) remote workplace* and an emergency contact.

***Note:** If an employee is planning to work at a remote work location other than those identified, it is the employee's responsibility to notify and obtain prior approval from management.

Primary Remote Workplace:			
	Address		City/Town, Province
Emergency Contact:			
	Name	Relationship to Employee	Phone Number
Secondary Remote Workplace (if applicable):			
	Address		City/Town, Province
Emergency Contact: (if different from above)			
	Name	Relationship to Employee	Phone Number

EMPLOYEE SELF-ASSESSMENT

Can you ensure that work activities and organizational needs are prioritized over non-work-related activities (i.e., dependent care) during established work hours while work remotely? Yes No

Please explain:

<p>Can you ensure all sensitive information is properly secured, protected and appropriately disposed of while work remotely? Please explain:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Have you completed and attached the 'Remote Workplace Safety Checklist'?</p> <p>Can you ensure your health and well-being can be effectively maintained while work remotely? Please explain:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Do you require any additional equipment to support your remote work arrangement? Please explain:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Do you have a secure and reliable high-speed internet connection?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
EMPLOYEE ACKNOWLEDGEMENTS	
<p>I acknowledge that employees are expected to maintain regular contact with their manager and be available for all meetings while work remotely.</p>	<input type="checkbox"/> Yes
<p>I acknowledge that employees are not to hold in-person meetings in their remote work location.</p>	<input type="checkbox"/> Yes
<p>I acknowledge that employees who are work remotely may be required to attend a RRC Polytech worksite as required by management and the cost associated with such travel will not be reimbursable.</p>	<input type="checkbox"/> Yes
<p>I acknowledge the employees must ensure compliance with the safety protocols established for remote work and must immediately report any workplace injuries while work remotely to their manager.</p>	<input type="checkbox"/> Yes
<p>I acknowledge that remote work does not change the employee's obligation to observe all applicable RRC Polytech policies and procedures.</p>	<input type="checkbox"/> Yes
<p>I acknowledge, if a remote work arrangement has been requested, that an employee may be assigned a shared RRC Polytech workspace.</p>	<input type="checkbox"/> Yes
<p>I acknowledge that remote work arrangements are not a substitute for medical leave and/or dependent care and those situations should be addressed within established RRC Polytech procedures/guidelines.</p>	<input type="checkbox"/> Yes
<p>I acknowledge that generally the costs associated with setting up a remote workplace (i.e., furnishings, internet connection, phone line, insurance, etc.) are the responsibility of the employee.</p>	<input type="checkbox"/> Yes
<p>I acknowledge that this request requires the approval of my manager prior to taking effect and that management has the authority to modify or terminate any remote work arrangement with reasonable notice.</p>	<input type="checkbox"/> Yes
<p>I acknowledge that I represent RRC Polytech regardless of my work location and will maintain professionalism at all times while conducting RRC business.</p>	<input type="checkbox"/> Yes
Employee Name	Signature
	Date Submitted

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MANAGER INFORMATION

Manager Name:		Position Title:	
Department Name:			
Date of Assessment:			

ELIGIBILITY CONSIDERATIONS

Does the request involve a reasonable accommodation request (i.e., medical, dependent care, etc.)? If yes, please consult with Human Resource Services.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the employee's position assessed as suitable for the corresponding type of remote work arrangement that has been requested as part of the departmental assessment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the employee provided sufficient information for you to make a fair and equitable assessment of their remote work request?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the request pertain to a pre-existing arrangement – if yes, further consideration may not be required.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the request involve a remote work location that is out-of-province/out-of-country? If yes, please obtain prior approval from management before proceeding.	<input type="checkbox"/> Yes <input type="checkbox"/> No

REMOTE WORKPLACE SUITABILITY ASSESSMENT

Has the employee demonstrated that their remote workplace is suitably free from distractions/non-work responsibilities (i.e., dependent care) that could impact their performance ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the employee demonstrated that their remote workplace ensures that sensitive or confidential information can be properly secured and protected from loss?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the employee demonstrated that they have the required technology, equipment and supplies to effectively perform their work remotely? (i.e., hardware/software, internet connectivity, VPN access, office supplies, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the employee completed ' Remote Workplace Safety Checklist ' and demonstrated that their health and well-being can be adequately maintained work remotely?	<input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYEE SUITABILITY ASSESSMENT

Are there any concerns with the employee's performance history (including attendance management and/or disciplinary action)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the employee demonstrate the necessary time management skills to effectively work remotely?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the employee have the necessary computer/technology skills to effectively work remotely?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the employee demonstrate the ability to work independently and require minimal supervision?	<input type="checkbox"/> Yes <input type="checkbox"/> No

GENERAL CONSIDERATIONS

Does the approval of this request adhere to the objectivity and fairness assessment identified within the departmental assessment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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AUTHORIZATIONS

I have reviewed and approve the request as submitted.

I have reviewed and approve the request with the following mitigations/modifications:

I have reviewed and deny the request on the following basis:

<input type="checkbox"/> Departmental Suitability	<input type="checkbox"/> Remote Workplace Suitability
<input type="checkbox"/> Position Suitability	<input type="checkbox"/> Employee Suitability
<input type="checkbox"/> Other:	

Date employee was notified of approval/denial:	
If denied, date employee can re-submit a further request (if and where applicable):	

Manager Name	Signature	Date

***Note:** The Manager is responsible to notify the employee of the outcome of their remote work request. If the request is **approved**, the Manager is required to use the Remote Work Agreement Template to confirm the remote work arrangement. If the request is **denied**, the Manager is required to notify the employee of the decision, the rationale for the decision and when (if and where applicable) the employee can re-submit a further request to work remotely.

Managers are encouraged to consult with Human Resource Services with any questions.

Managers must submit the signed remote work assessment form to humanresources@rrc.ca for placement upon the employee's file and copy their respective Director (or designate).