



WORK FROM HOME AGREEMENT

EMPLOYEE NAME		POSITION	
SUPERVISOR		DEPARTMENT	
EFFECTIVE DATE		EXPIRY DATE	

PERSONAL PHONE #		WORK CELL #	
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WORK FROM HOME SCHEDULE		
DAY OF THE WEEK	HOURS OF WORK	NOTES/ADDITIONAL INFO (Eg. varied schedule details)
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

EQUIPMENT BORROWED FOR HOME USE			
Equipment	Model Number	Serial Number	Condition

ADDITIONAL INFORMATION / PROVISIONS

EMPLOYEE ACKNOWLEDGEMENT

By placing my signature below, I acknowledge that I have read and understand all contents of this Agreement and HR-026 Work From Home Policy. I acknowledge and agree that it expressly forms part of my employment agreement. I agree to adhere to these provisions and understand that violation of the provisions outlined in HR-026 Work From Home Policy may result in progressive corrective measures, up to and including termination of employment. I further acknowledge that I have an area to work in at home that is safe and where I can be productive.

Employee Signature _____ **Date** _____

APPROVAL

Department Head Signature _____ **Date** _____

Supervisor Signature _____ **Date** _____