

Working Remotely Agreement

City of Mississauga  
Human Resources  
Form E2476 (Rev 2020-08)

[Corporate Policy](#)

Form Name

Date Requested

This agreement is to be completed on an annual basis in accordance with the [Working Remotely Policy](#). A detailed discussion should occur between the employee and managers/supervisors regarding the details of the arrangement prior to completion of the agreement.

Prepared By (all fields must be completed)

Last Name

First Name

Job Title

Personnel No

Department

Division

Effective Date of Arrangement: Start

End December 31,

Number of days that will be worked remotely each week

Acknowledgements (all boxes must be checked)

Indicate your acknowledgement of the following

☐ I have read and understand the [Working Remotely Policy](#) and agree to comply with the requirements

☐ I have reviewed and understand the following policies and processes:

- [Home Office: Ergonomic & Safety Requirements](#) which includes the completion of the Insight Learning course "Health Moments by EHS: Working from Home – Ergonomics Tips"
- Any accidents or incidents that occur while working remotely must be reported in compliance with the [Reporting Accidents](#) policy
- In accordance with the [Employment Standards Act \(ESA\)](#), I confirm that I will take a minimum 30 minute unpaid break after no more than five hours of consecutive work
- Requirements for security and confidentiality regarding all records must be maintained in accordance with the [Corporate Records Management Program](#) and [Access to Employee Records](#)
- [Access To and Acceptable Use of IT Resources](#) policy applies while working remotely
- [Allowable Business Expense Policy](#)
- [Work From Home Resources](#) website

☐ My performance goals, service level expectations, and timelines have been established with my Manager/Supervisor and will be evaluated in accordance with established procedures

☐ I will attend all scheduled meetings either virtually or in person, as required

☐ My Manager/Supervisor is aware of my tasks that must be completed in the office and we have agreed upon a schedule for doing so

☐ I have discussed and agreed on my core working hours with my Manager / Supervisor

☐ I will record all hours worked remotely in my Fiori Timesheet (using code 4296) or through my Time & Labour Reporter

☐ I understand that I am responsible for proactively communicating to my supervisor/manager any changes to my primary remote work location

☐ I am aware that, in accordance with the Working Remotely policy, Finance may issue a Form T2200 (Declaration of Conditions of Employment).

☐ I have arranged for the necessary IT equipment, internet connection and software that is required to work remotely in accordance with City standards

☐ I am aware that if my employment with the City ceases, or I transfer to a position where items provided or reimbursed by the City are no longer required, I must return the items or reimburse the City in accordance with the Working Remotely policy

Details

\* Indicate any details regarding the information discussed with your Manager/Supervisor regarding core working hours including any Alternative Working Arrangement.

\* List your tasks that must be completed in the office, and the arrangement discussed with your Manager/Supervisor to ensure these tasks are completed.

\* Indicate the address of your primary work location (home address).

Street

City

Province

Postal Code

Indicate any additional comments regarding the information above (optional)

Authorizations

I have read and understand the [Working Remotely Policy](#) and agree to the requirements set forth in the Policy and this Agreement.

Requestor's Signature

Date (YYYY-MM-DD)

Sign Form

Direct Manager / Supervisor

1 of 2

Form View

[Close](#)

## Working Remotely Agreement

City of Mississauga  
Human Resources  
Form E2476 (Rev 2020-08)

### Confirm that you have completed following

- ☐ Read and understood the [Working Remotely Policy](#) #01-02-07
- ☐ Discussed the [Home Office: Ergonomic & Safety Requirements](#) with the employee and addressed any outstanding items (Please list any outstanding items in the comments box below)
- ☐ Considered your operational requirements (example: Will there be enough coverage for the service desk during core hours)
- ☐ Established performance goals and addressed service level expectations including the employee's working hours
- ☐ Established how hours worked remotely will be coded (Fiori Timesheet or by Time & Labour Reporter)
- ☐ Confirmed all elements of this Agreement with the Employee
- ☐ I am aware that if employment with the City ceases, or the employee transfers to a position where items provided or reimbursed by the City are no longer required, I must ensure the items are returned or the City is reimbursed in accordance with the Working Remotely policy

Identify any outstanding items or concerns regarding the **Home Office: Ergonomic & Safety Requirements** and any actions that have been agreed upon

Indicate any additional comments regarding the information discussed with the employee and outlined on this form.

	Signature	Date (YYYY-MM-DD)
<input type="button" value="Sign Form"/>	<input type="text"/>	<input type="text"/>
<input type="button" value="Approve"/>	<input type="button" value="Decline"/>	

[Close](#)