protected B

When Completed

**TELEWORK AGREEMENT**

|  |  |
| --- | --- |
| **A – INFORMATION ON EMPLOYEE’S CURRENT WORKING SITUATION** | |
| Employee’s name | Personal Record Identifier (PRI) |
| Title | Classification |
| Branch | Supervisor/Manager’s name |
| Designated workplace address | |
| **B – CONDITIONS OF THE TELEWORK ARRANGEMENT** | |
| This telework arrangement will be subject to review on an annual basis or sooner for cause.  **Employee Status:**  The employee’s status, obligations, compensation, benefits and entitlements are not altered by the agreement. The employee remains subject to the terms and conditions of employment, the provisions of the relevant collective agreement, government and departmental Codes of Conduct and existing policies and legislations, including those identified within Section 10 of the Telework Directive.  **Safety:**  The employee agrees to maintain a dedicated workspace within the telework location that meets the occupational health and safety requirements, outlined in the Departmental Occupational Health and Safety Program. The employee agrees to report any occupational health and safety hazards within the dedicated workplace and any work related injuries/illnesses to their immediate supervisor/manager.  **Administrative/Operation;**  No business meeting will be held at the telework location.  **Home Insurance:**  The employee will assume the cost of insuring property and assets in the telework location other than that supplied by the Department.  ⎕ Employee confirmation of home insurance (please initial box).  **Use of Government Assets:**  The employee agrees to abide by the Policy on the Use of Electronic Networks and use supplies, equipment and electronic networks belonging to the employer only for the purposes of carrying out the employers work. The equipment, data/files remains the property of the department and will be returned to the department upon request of the supervisor/manager.  **Privacy:**  The employee must abide by all access to information and privacy (ATIP) legislation, the Department’s Privacy Code, and all other applicable laws.  **Security:**  ⎕Employee confirmation of completion and submission to Manager of the Telework Security  Attestation Form (ADM5019) (*please initial box*)  **Technical Support:**  The Department will provide the service necessary for the installation, upgrading and maintenance of its hardware and software. The Department will provide remote IT “Help Desk” services.  **Cost/Expenses:**  The employee will assume the costs of equipping and maintaining the telework location (such as office furniture, insurance, heat and hydro, telephone and internet service).  **Travel Expenses:**  The employee is responsible for all costs associated with travel between the telework location and the designated workplace when requested by the supervisor/manager on any of the telework days.  **Values and Ethics:**  The employee must continue to comply with the Values and Ethics Code of the Public Sector and the ESDC Code of Conduct.  **Termination of Agreement:**  This agreement may be terminated at any time with four [4] weeks’ notice from either party. However, in certain situations (e.g. security incident), the arrangement can be terminated by management without notice. | |

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| **C – TERMS** | | | | | | | | | | |
| Telework location address | | | | | Telework location – Telephone number | | | | | |
| Secondary emergency contact telephone number | | | | | |
| The employee must seek approval, in advance (minimum 30 days), from the supervisor/manager of any change to the telework location. | | | | | | | | | | |
| Telework period  From Y M D To Y M D | | | | | Hours of work (must be within the terms and conditions of employment and/or relevant collective agreement)  From 00:00 To 00:00 | | | | | |
| Specify days and hours of work | | | | | | | | | | |
| Monday  ⎕ | | Tuesday  ⎕ | | Wednesday  ⎕ | | | Thursday  ⎕ | | Friday  ⎕ | |
| am  ⎕ | pm  ⎕ | am  ⎕ | pm  ⎕ | am  ⎕ | | pm  ⎕ | am  ⎕ | pm  ⎕ | am  ⎕ | pm  ⎕ |
| **D – PRIVACY NOTICE STATEMENT** | | | | | | | | | | |
| The information you provide is collected under the authority of the *Financial Administration Act* and the *Department of Human Resources and Skills Development Act* for the purpose of administering the Telework Agreement pursuant to the ESDC Telework Directive. Participation is voluntary; however, if you should choose not to complete the agreement, you will not be considered for the telework arrangement. The information you provide will not be used for any purpose other than the administration of the Telework Directive. Your personal information is administered in accordance with the *Department of Human Resources and Skills Development Act* and *the Privacy Act*. You have the right to the protection of, and access to your personal information. It will be retained in Personal Information Bank: PSE 901. Instructions for obtaining this information are outlined in the government publication Info Source, which is available at the following web site address: <http://www.inforsource.gc.ca>. Info Source may also be accessed on-line at any Service Canada Centre. | | | | | | | | | | |
| **E -SIGNATURES** | | | | | | | | | | |
| I have read and will abide by the Telework Directive and this agreement.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Employee’s name Signature Date    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Manager Signature Date | | | | | | | | | | |

**Copies: To be kept by: (1) – Manager (2) – Employee**

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