

Alternate Work Arrangement Request Form

This form is to be completed by the Employee requesting an Alternate Work Arrangement. Once completed this form is to be forwarded to the immediate Supervisor for further approval.

Name:	Employee ID:
Position Title:	Department:
E-mail:	Phone Number:
Immediate Supervisor:	Department Head:
Department VP:	

Considerations:

- Please review the Alternate Work Guidelines Document carefully before proceeding with an Alternate Work Arrangement Proposal
- When deciding on Regular Alternate Work Arrangements for Employees, consideration should be given the operational requirements, health and safety obligations, costs, and impact on co-workers, personal circumstances of the Employee and the quality of service being provided to University Partners.
- When deciding on Alternate Work Arrangements, Employees and Supervisors should fully evaluate the role and function of the position and maintain the required service delivery of the unit.
- If an Alternate Work Arrangement includes your primary work location being a remote setting for more than 3 days / week, you may no longer have access to a designated workspace at the University (i.e., a designated office space)
- For an Alternate Work Arrangement to be approved, the Employee must agree to be reachable by the Employer via telephone (personal or VOIP) during agreed upon work hours.
- This form needs to be assessed by Human Resources prior to a decision being communicated by the Supervisor.
- Discuss and agree on how overtime will be calculated and paid and if contradictions exist with current Collective Agreements, then discuss with HR. Note, the Alternate Work Arrangement must not be the reason for Overtime.

For this Alternate Work Arrangement proposal to be approved, the following documents need to be completed and signed off by Employee, Supervisor, Department Head and VP and AVP, HR

- **Alternate Work Arrangement Request Form**
- **Health and Safety Checklist** (For Remote Work Arrangements)

Please indicate the type of Alternate Work Arrangement you are requesting:

Alternate Work Hours	Compressed Work Week	FTE Reduced Workload (Part-time)	Remote Work Arrangement
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Requested Work Schedule:

Day of the Week	Start Time	End Time	Location
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Current Total hours per pay period:	Requested Total hours per pay period:
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Employee Confirmation and Understandings:

Please select yes or no to the following questions:	Yes	No
Does the nature of your work and services you provide allow for your work to be done effectively within the Alternate Work Arrangement parameters you are proposing?		
Are there any circumstances the University needs to be aware of that would prevent you from carrying out your duties if this Arrangement is approved?		
For this section, please consider the workspace you are proposing to work from if not your current designated workspace at the University:		
Does your Designated Home Office allow for sensitive phone calls and storage of		

confidential University information?		
In your Designated Home Office, do you have access to the appropriate IT related functions, including the required hardware, software and applications and efficient Internet access?		
Is your Designated Home Office safe and ergonomically efficient to be working at on a regular basis?		

To be completed if a "Remote Work Arrangement" is proposed.

Please select yes or no to the following questions:	Yes	No
Do you have a designated workspace where computer will be set up?		
Is the workspace free and clear of clutter, debris, and free of hazardous materials?		
Are electrical wires (including phone wires) secure and you are not using extension cords for a permanent source of electricity?		
Does your workspace have a smoke and CO detector?		
Do you have access to a fire extinguisher, and are you trained on how to use the fire extinguisher?		
Is your workspace ergonomic? (i.e., an adjustable chair, the monitor placement and workspace placement in relation to any windows adequate to allow for a comfortable workspace?)		
Is the temperature, ventilation, and lighting adequate in your workspace?		
Do you have direct and easy access to a safe, outdoor location in the event of an evacuation? Is there anything blocking the doorways or windows?		
The terms and conditions regarding WSIB and Insurance as outlined in the Alternate Work Guideline have been reviewed and are understood.		

Please provide the reason for your request.

Who is your main University Partner on campus? (Employees, students, etc.)

How is the service of your work unit advertised on LakeheadU.ca and to your University Partners and how will your Alternate Work Arrangement impact the service?

For this section, please consider the workspace you are proposing to work from if not your current designated workspace at the University:

If this proposal is not approved, please provide a detailed reasoning (to be completed by the Supervisor):

Employee Signature

Date

Supervisor Signature

Date

Human Resources Signature

Date

Please note if this request is approved, a separate agreement needs to be signed.