To seek approval of a remote work arrangement under the Remote Work AP, begin by reviewing and discussing the Remote Work Criteria and then complete the following form. The form applies to both employer- and employee-initiated arrangements. Both the employee and their supervisor can complete the form to **initiate individual remote work requests**.

A. Application - to	be complete	ed by the en	npioyee and	i their superv	visor				
Select scenario that applies to this application:									
☐ Employee-initiated (individual employee seeking remote work arrangement)									
☐ Employer-initiated (supervisor recruiting or retaining an individual employee)									
□ Employer-initiated (business decisions: employee application for remote work that is employer preapproved for a work unit(s) or a position group(s))									
B. Employee Detai	ils								
Last Name	First Name					Initial			
Department						Unit			
Position						Employ	ee Number		
C. Remote Work A	ırrangement	Sought - to	be complete	d by the requ	estor				
Note: Remote work sched	ules must be in	compliance with	n Collective Bar	gaining Agreeme	ents and The Sa	skatchewan Em	ployment Act.		
Time Period:	☐ Fron	າ	to		or [☐ Ongoing			
Location:	□In-Provin	ce 🗆 Ou	ut-of-Provin	ce 🗆 Ou	t-of-Country	,			
Type:		☐ Mostly F	-ull-Time	or	☐ Most	ly Part-Time			
In case of part-time, please indicate the days requested to be working remotely:									
Remote work hours	<u>Sunday</u>	<u>Monday</u>	<u>Tuesday</u>	Wednesday	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>		
Or other (specify) /Additional notes:									



What is the prima	ry reason(s) remote work is b	peing requested?
Employee Signature		Date
D. Supervisor's	Assessment	
Describe how this	arrangement fulfills Remote	Work Criteria:
Suitability for the Organization		
Suitability for the Position		
Suitability for the Employee		
		er/employee responsibilities outlined in the policy (e.g. ravel reimbursement, other costs).

Exceptions above result in additional cost to the employer



E. Supervisor's Recommendation					
Remote Work Arrangement is:	Recommended	☐ Not Recommended			
Additional Notes (for employee's and Supervisor's use: e.g. stakeholders consulted):					
Supervisor Signature		Date			
Employee Signature, as required		 Date			
p = 7 = = 0 = = =					
F. Approvals					
Department Head's Recommendation					
Remote Work Arrangement is:	Recommended	☐ Not Recommended			
Additional Notes:					
Signature		Date			



Chief Executive Officer's (or Designate's) Approval					
Remote Work Arrangement is: Approved Pursuant to completing Remote Work Agreement.	☐ Denied				
Additional Notes:					
Signature	 Date				

Next Steps:

- Signed form is returned to the employee's supervisor to discuss with the employee.
- Signed form is forwarded to Human Resources and placed on employees' personnel file.

