**Remote Working Assessment Form**

Instructions: This form is to be completed by the supervisor/manager in consultation with the employee. Sections G and H are to be signed off by the supervisor and employee, respectively. Append this form to the Remote Working Agreement.

**Date:** Click or tap to enter a date.

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| **A. Parties Details:** | |
| Assessment Date:  Click or tap to enter a date. | Employee ID #:  Click or tap here to enter text. |
| Employee First Name:  Click or tap here to enter text. | Manager First Name:  Click or tap here to enter text. |
| Employee Last Name:  Click or tap here to enter text. | Manager Last Name:  Click or tap here to enter text. |
| Employee Job Title:  Click or tap here to enter text. | Employee Job Title:  Click or tap here to enter text. |
| Division:  Click or tap here to enter text. | Department/Unit:  Click or tap here to enter text. |

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| **B. Type of Remote Working Arrangement Requested:**  Indicate the type of remote working arrangement being considered. Review types listed under 7.0 of the Remote Working/Telework Policy.  **✓** **✓** | | | |
| Occasional or as needed |  | Permanent remote worker |  |
| Temporary or Flexible |  | Critical Situation |  |

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| **C. Work Assessment:**  Check all boxes that apply.  **✓** **✓** | | | |
| Job has a high level of autonomy and minimal requirements for face-to-face interactions |  | Job does not strictly require full-time in-person contact/customer service to support core functions of the College |  |
| Job requires reading, writing, research, working with data, or talking on the phone |  | Job does not rely upon specific equipment or supplies which require on-site working |  |
| Job can be done off-site without disruption to flows of work and communication |  | Job works with classified documents and remote working introduces a risk |  |
| Job is specifically contracted or developed to be executed remotely |  | Job has compliance requirements that cannot be effectively met in a remote working arrangement |  |
| Job can be executed with minimal disruption to student or employee services |  | Employee is in good standing (no disciplinary) |  |
| Job can be performed remotely in a similar manner as if it were being performed on campus |  | The employee competently demonstrates the competencies, knowledge and skills required to perform the job remotely |  |
| Job has clearly defined and measurable outputs/outcomes |  | Managing the employee's performance can be effectively done in the remote setting |  |

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| State any other work characteristics that promote remote working:  Click or tap here to enter text. |

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| **D. Workplace Safety Assessment:**  Confirm the employee has completed the Remote Workstation – Self-Assessment Safety Checklist, and  confirm the following:  **✓** | |
| The employee has provided a response plan in case of an emergency |  |
| The employee has indicated satisfactory working conditions |  |
| The employee has indicated satisfactory fire safety conditions |  |
| The employee has indicated satisfactory ergonomics conditions and have completed the ergonomic self-assessment |  |
| The employee has indicated satisfactory personal safety conditions |  |
| Indicate any concerns or supports the employee will require to achieve workspace safety:  Click or tap here to enter text. | |
| Indicate any supports that Humber will provide:  Click or tap here to enter text. | |

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| **E. Equipment and Resources: ✓ ✓** | | |
| List all equipment and resources the employee will need to use in the execution of the job (include software, hardware, etc): | Provided by Employee | Provided by Humber |
| Click or tap here to enter text. |  |  |
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| **F. Accommodation Assessment:**  *Note: If this request for remote working was initiated by the employee and is part of a request for an accommodation, indicate ‘Yes’ below. No further documentation is required as Accommodation is managed via a different process. The employee should contact:*  **Hiren Patel**  Senior Abilities and Accommodation Specialist  416.675.6622, 4237  Email: hiren.patel@humber.ca | |
| **Is this remote working arrangement part of an accommodation request?** | |
| Yes | No |

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| **G. Employee Attestations:** | | | |
| I have read and agree to adhere to the following policies:  • Acceptable Use Policy for Technical Services Policy  • Access and Privacy Policy  • IT Security Policy |  | I understand my commitments and the commitments of Humber College related to health and safety in the remote workspace: |  |
| I understand my commitments and the commitments of Humber related to the equipment and resources I use in my remote workspace: |  | I have read and understand the expectations on me as laid out in the Remote Working/Telework Policy: |  |
| Employee Name (PRINT):  Click or tap here to enter text. | | Employee Signature:  Click or tap here to enter text. | |
| Date:  Click or tap to enter a date. | | | |

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| **H. Manager Attestations:** | |
| I have completed all required assessments and have met with the employee to ensure the employee understands the requirements for remote working: | |
| Manager Name (Print):  Click or tap here to enter text. | Manager Signature:  Click or tap here to enter text. |
| Date:  Click or tap to enter a date. | |