[Date]

Employee Name

Employee Title

Department/Faculty

Dear [Employee Name]:

**Re: Remote Working Arrangement**

This letter confirms our recent discussions and your written request received on [Date] for approval to work remotely.

After completion and review of the **Remote Working Assessment Form** (completed jointly) and the **Remote Workspace Self-Assessment Checklist** (completed by you), the department will grant/will not grant your request for a remote working arrangement, effective [Date to Date] inclusive, subject to the following terms and conditions:

**Type of Remote Working Arrangement**

You have / have not been approved for remote working arrangements type (state remote working type).

**Remote Working Arrangements Details**

The type of remote working arrangement you have been approved for is [State one of the 4 types described in the Policy]

**Term**

As mentioned above, your remote working arrangement will be in effect from [Date] until [Date], and may be renewed with the agreement of your supervisor, [Supervisor name].

Consistent with the conditions of the Remote Working/Telework Policy, your arrangement is subject to periodic review, and may be terminated sooner at the discretion of Humber College or at your own request.

**Adherence to the Remote Working/Telework Policy and the Guidelines hereto Appended:**

You are required to comply with all conditions laid out in the Remote Working/Telework Policy which can be found online at: [inset url], and to commit to all the expectations and conditions outlined in the Remote Working Guidelines, which are summarized below.

**Hours of Work**

Your current work hours remain in effect, and it is understood that you will work remotely on the following days/times:

[Day of week] to [day of week] weekly

[start time] to [end time] daily

**Work Assignments**

During your remote working arrangement, you will remain responsible for fulfilling all of your work commitments as outlined by your supervisor. You will ensure your overall productivity, progress and reporting on assignments.

[add any specific details of the work expectations and performance expectations]

**Remote Working Readiness**

In advance of [date remote working arrangement commences], you should discuss with your supervisor all actions required to implement the supports outlined in the Remote Working Assessment Form, so that you will be ready to continue to work from the date your remote arrangement commences.

Note that any costs related to remodelling, furnishing (such as chairs, desks, filing cabinets, etc.) or maintaining (such as electricity, heat, hydro, etc.) your workspace will not be reimbursed by Humber College and will be your responsibility.

[Supervisor’s Name]

[Supervisor Signature]

[Date]

Acknowledgement

I understand and agree to all the above stipulated remote working arrangement terms and conditions as well as those outlined in the Remote Working/Telework Policy and Remote Working Guidelines hereto attached.

[Employee Name]

[Employee Signature]

[Date]

**\*Attach copies of the Remote Working Policy and the Remote Working Policy Guidelines.**