



Application and Agreement to Work from Home

Please review the Work from Home Program description and eligibility requirements prior to completing this form. Authorization to approve or deny this application is at the sole discretion of the employer.

Employees may contact their Human Resources representative if a disagreement arises.

I, _____ (name), with Employee ID number _____ and email address _____ and holding a(n) _____ (job title) position with _____ (permanent, temporary, casual) status and a _____ full time equivalent in _____ (department) work area of _____ (name of employer) reporting to _____ (direct manager name), _____ (direct manager's title) request approval to work from home at the following location(s):

Home Location #1: _____
Address City/Town Postal Code Phone #

Home Location #2: _____
Address City/Town Postal Code Phone #

On a (select one) blended or full time basis. If blended, I request to work from home as described in detail below, including the number of days per week/month and which days of the week within the existing scheduled hours of work.

My Employer Designated Principal Work Location (to be discussed with direct manager) is: _____ (designated work address home base). In making this request, I understand and agree to the following:

1. Duration

- Approval to work from home will be reassessed on an annual basis unless otherwise indicated by management or the arrangement is ended by either party. The employee must self-initiate and complete the annual renewal form and provide to their manager for approval.
- Approval to work from home is not transferable to another position.
- The employer or the employee may end the work from home arrangement at any time with four (4) weeks' advance notice, or immediately where there are performance, safety, operational or other concerns that require the employee to immediately return to work at an assigned work location.

2. Work from Home Location(s)

- The locations identified above must contain a suitable designated and dedicated workspace that meets all requirements as outlined herein and in accordance with both the Work from Home Safety Checklist and all applicable policies.

3. Employee Status

- Working from home does not constitute a term or condition of my employment and does not alter my employment status, wages, applicable benefits or other applicable work entitlements.

- The provisions of all relevant workplace policies, guidelines, and legislation continue to apply.
- I understand that the application of this program may differ in each of Manitoba's service delivery organizations based on operational needs.

4. Hours of Work and Schedule

- There will be no change to hours of work, schedule, or breaks. Paid overtime continues to require documented pre-authorization from your manager for those who are eligible.
- I must be available during regular scheduled hours to be contacted by phone, email and/or other applicable software and to participate in meetings as required either from home or with reasonable notice at an identified location. Mileage for travel from home to the employer designated principal location will not be reimbursed. Regular business travel and mileage expenses from the designated principal employer work location will be reimbursed as per applicable policy.
- I must ensure that dependent care arrangements are in place during my hours of work as working from home is not a substitute for dependent care.

5. Occupational Health and Safety

- I must maintain a designated and dedicated workspace that meets the requirements of the employer's workplace safety and health policies and procedures, including maintaining regular contact with my manager. I have reviewed and completed the [Work from Home Safety Checklist](#) with my manager.
- WCB liability for work related accidents will continue to apply during my scheduled hours while working in the designated and dedicated workspace.
- The employer will not be responsible for any non-work-related injuries that may occur at home related to me or any other person.
- I must follow safe work practices and promptly report any work-related accident that occurs at the location(s) identified above during scheduled work hours to my manager/supervisor.

6. Technology, Equipment and Supplies

- I will be required to obtain, at my own cost, suitable internet services in accordance with Digital Health's requirements found in the Work from Home Safety Checklist.
- The employer may provide specific equipment to allow me to perform my work duties. This may include computer hardware, computer software, smartphones, and other applicable equipment deemed necessary by the employer.
- All equipment provided to me to work from home remains the property of the employer and must be returned immediately.
- Equipment and supplies provided by the employer are to be used only for the purpose of carrying out the employer's work; these must not be used by anyone other than the employee and must not be used for personal purposes.
- I will be responsible for the cost and maintenance of all other equipment and supplies that have not been provided for by the employer, including but not limited to: office furniture, scanners and printers, printing services, renovations, internet service, and other home utility costs.
- In the event of damage or theft, I may need to make a claim through my home or tenant insurance to cover the loss or replacement of the item or pay out of pocket for the items damaged and or stolen.

7. Insurance and zoning

- I am responsible for maintaining adequate home or tenant insurance for all locations noted in this agreement and ensuring that working from home complies with municipal zoning requirements.

8. Privacy and Confidential Information

- I am required to adhere to all PHIA and FIPPA policies and guidelines. The policies and guidelines apply to phone calls, documents and all information accessed electronically.

9. Tax Implications

- I am responsible for all tax implications related to maintaining a home office and working from home. Employees are encouraged to seek their own tax advice.

I, _____ (name), by completing and submitting this application and agreement, declare that I have read, understood and agree to the information provided and referred to above and within. I understand my request is voluntary and does not constitute a request for a reasonable accommodation based on a protected status. I further understand that approval, if granted, cannot be transferred if I move to a different position and that the employer retains the right to rescind approval of my work from home status at their sole discretion with reasonable notice.

Date _____

Employee’s Direct Manager

- I approve this request

- I do not approve this request.

Reasons: _____

_____ (Manager Name) _____ (Manager Title)

Approved Designated Employee’s Principal Location: _____

Direct Manager:

- If approved, please forward to the employee, the employee’s supervisor, Human Resources (humanresources@southernhealth.ca) and your payroll office for including in the Employee File.
- If not approved, please return the document to the employee outlining your rationale in writing above.