



Alternate Work Location (AWL) Agreement

Supervisors will use this checklist when considering an employee’s request to work from an alternate work location (AWL), to help assess whether:

- the role performed by the employee lends itself to being performed from an alternate location; and
- the employee’s working style is well suited to AWL.

Staff Member Details:		
Staff Member Name:		
Position and Department:		
Alternate Work Location Address(es):		
Alternate Work Location Phone:		
Agreement Effective Date:		
Expiry Date (if any):		
Email:		
Purpose and Intent - Type of work to be performed at Alternate Work Location:		
Check-In Frequency – Outline the agreed upon check-in frequency and expectations of the supervisor/staff member when working AWL:		
I understand I am committing to an agreed upon schedule further defined between my immediate supervisor and myself as indicated below. Please select one of the three working schedules:		
Weekly: <input type="checkbox"/> Reoccurring weekly, select the day(s) of the week you will be working AWL and list the number of hours/day.		
Day of Week	Working AWL	Number of Hours Worked
Monday	<input type="checkbox"/>	
Tuesday	<input type="checkbox"/>	
Wednesday	<input type="checkbox"/>	
Thursday	<input type="checkbox"/>	
Friday	<input type="checkbox"/>	
Monthly: <input type="checkbox"/> up to _____ days per month Defined as committing up to a certain number of days a month, on a flexible, pre-arranged basis. Dates are agreed upon in advance with your supervisor. A monthly schedule begins on the 1 st of the month.		
Flexible: <input type="checkbox"/> Defined as non-routine or extenuating circumstances, such as weather, electrical power outage, certain medical appointments or other circumstances in which an alternate work location may be appropriate.		

Equipment:

The supervisor and employee agree that the following equipment will be provided to the employee to use while working at home:

Equipment	Model Name and Number	Serial Number

I acknowledge that I am required to deliver ITS equipment to the Walkerton Administration Hub if it is required to be updated and/or repaired.

Employee Acknowledgement:

<input type="checkbox"/>	I have read and understood the Alternate Work Location Policy. I hereby agree to and comply with the terms and conditions within the policy, this agreement, and my employment contract with the County of Bruce. This includes but is not limited to: <ul style="list-style-type: none"> • IT use and security requirements • Performance and professionalism requirements • Safety, ergonomics and insurance requirements' • Financial/expense limitation and liability • Appropriate workspace requirements • Absence reporting and compliance with other corporate policies
<input type="checkbox"/>	I acknowledge that I have an area to work remotely that is safe and where I can be productive.
<input type="checkbox"/>	I understand that I am responsible to immediately report any accident or injury to my supervisor.
<input type="checkbox"/>	I understand this agreement is a privilege (not a right) and may be modified or cancelled as necessary at the County's discretion.
<input type="checkbox"/>	I understand that any variations to this agreement will be discussed with and approved by my supervisor in advance.
<input type="checkbox"/>	I have completed the Ergonomics based training in HR Downloads as assigned by Workplace Engagement Services.

Checklist:

Questions should be answered by employee and supervisor together	Yes	No
Does the staff member understand that they must properly secure and ensure the privacy of any records they remove from County facilities?	<input type="checkbox"/>	<input type="checkbox"/>
Is an AWL arrangement a practical and an efficient use of resources for the work to be completed?	<input type="checkbox"/>	<input type="checkbox"/>
Can the work being performed be easily measured?	<input type="checkbox"/>	<input type="checkbox"/>
Are there going to be distractions at the location such as dependent family members, excessive noise indoors or outdoors, and/or pets or animals which could impact productivity?	<input type="checkbox"/>	<input type="checkbox"/>
Will there be an impact on the work of others (e.g., department meetings, service desk schedules, availability to other members of the county during usual business hours, supervision of or collaboration with other members of the department)? If so, can the impact be accommodated by the staff member or the department?	<input type="checkbox"/>	<input type="checkbox"/>
The staff member understands that dependent on the type of AWL agreement selected, there may be decisions made regarding dedicated office space which could involve changes to the staff members dedicated workspace.	<input type="checkbox"/>	<input type="checkbox"/>

Declaration:

I have read and understood the conditions set out in this Alternate Work Location Agreement. I indicate my acceptance of the terms of this agreement by signing below.

Staff Member:	Signature:	Date:
Immediate Supervisor:	Signature:	Date:
Director:	Signature:	Date:

Please return this signed **Alternate Work Location (AWL) Agreement** to your **Workplace Engagement Services Department** for retention purpose.

Office Workspace Checklist

The checklist below is designed to help employees assess the suitability of a workspace.

Work Environment	Yes	No
Designated Work Area		
• The work floor is level and there is limited use of mats/or rugs	<input type="checkbox"/>	<input type="checkbox"/>
Environmental Conditions		
• Lighting is adequate for the tasks being performed. Easy to see and comfortable on the eyes	<input type="checkbox"/>	<input type="checkbox"/>
• Glare and reflection can be controlled	<input type="checkbox"/>	<input type="checkbox"/>
• Ventilation and room temperature can be controlled, regardless of season	<input type="checkbox"/>	<input type="checkbox"/>
• There is no excessive noise affecting the work area	<input type="checkbox"/>	<input type="checkbox"/>
• Walkways are clear of clutter and trip hazards	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Exit		
• Path to the exit is reasonably direct	<input type="checkbox"/>	<input type="checkbox"/>
• Path to the exit is sufficiently wide and free of obstructions or trip hazards to allow unimpeded passage	<input type="checkbox"/>	<input type="checkbox"/>
Security		
• Security is sufficient to prevent unauthorized entry	<input type="checkbox"/>	<input type="checkbox"/>
• A communications procedure has been established to ensure regular contact between employee and Supervisor	<input type="checkbox"/>	<input type="checkbox"/>
• The work area can be secured independently	<input type="checkbox"/>	<input type="checkbox"/>
Electrical		
• Power outlets are not overloaded with double adapters and power boards	<input type="checkbox"/>	<input type="checkbox"/>
• Surge protection is in place for work related equipment	<input type="checkbox"/>	<input type="checkbox"/>
• Electrical cords are safely stowed	<input type="checkbox"/>	<input type="checkbox"/>
• Connectors, plugs and outlet sockets are in a safe condition	<input type="checkbox"/>	<input type="checkbox"/>
• Electrical equipment free from any obvious external damage	<input type="checkbox"/>	<input type="checkbox"/>

Workstation Set Up		Yes	No
Work Surface			
• The work surface is a single continuous surface	<input type="checkbox"/>	<input type="checkbox"/>	
• The most frequently used items are within easy reach from the seated position	<input type="checkbox"/>	<input type="checkbox"/>	
• Cables are stowed out of the way	<input type="checkbox"/>	<input type="checkbox"/>	
• There are no sharp contact points on the workstation or other equipment	<input type="checkbox"/>	<input type="checkbox"/>	
Chair			
• The chair height is adjusted so that feet are flat on the floor and knees are bent at right angles with thighs parallel to the floor	<input type="checkbox"/>	<input type="checkbox"/>	
• The seat back is adjusted to support the lumbar curve of the low back	<input type="checkbox"/>	<input type="checkbox"/>	
• The seat pan tilt is adjusted so that hips and tops of thighs are at right angles or slightly greater	<input type="checkbox"/>	<input type="checkbox"/>	
• The arm rests can be stowed whilst typing, but may provide support during other activities	<input type="checkbox"/>	<input type="checkbox"/>	
Keyboard and Mouse			
• Keyboard position allows user to relax shoulders with elbows close to the body	<input type="checkbox"/>	<input type="checkbox"/>	
• Keyboard position is flat	<input type="checkbox"/>	<input type="checkbox"/>	
• Mouse is placed directly next to the keyboard	<input type="checkbox"/>	<input type="checkbox"/>	
• Mouse is at same level as the keyboard	<input type="checkbox"/>	<input type="checkbox"/>	
Monitor			
• Monitor height is adjusted so top of the screen is at slightly lower height than eye level	<input type="checkbox"/>	<input type="checkbox"/>	
• Viewing distance is between 350mm - 750mm	<input type="checkbox"/>	<input type="checkbox"/>	
• Monitor and keyboard are placed directly and symmetrically in front of user	<input type="checkbox"/>	<input type="checkbox"/>	
• Monitor is positioned to avoid glare	<input type="checkbox"/>	<input type="checkbox"/>	
Nature of Tasks		Yes	No
Physical Demands of Tasks			
• Safe posture is adopted	<input type="checkbox"/>	<input type="checkbox"/>	
• Any lifting, pushing or carrying type task is well within physical capacity	<input type="checkbox"/>	<input type="checkbox"/>	
Work Practices			
• Wrists are kept straight and not supported on any surface while typing	<input type="checkbox"/>	<input type="checkbox"/>	
• Sitting posture is upright or slightly reclined, with lower back supported	<input type="checkbox"/>	<input type="checkbox"/>	
• The telephone is within easy reach from the seated position	<input type="checkbox"/>	<input type="checkbox"/>	
• Long periods of continuous activity are broken by performing other tasks, changing position, standing up and stretching	<input type="checkbox"/>	<input type="checkbox"/>	

Other Factors	Yes	No
Other		
• Telephone or other communication devices are readily available to allow effective communication in an emergency situation	<input type="checkbox"/>	<input type="checkbox"/>
• Emergency contact numbers and details are known	<input type="checkbox"/>	<input type="checkbox"/>
• A process in place for the prompt reporting of incidents	<input type="checkbox"/>	<input type="checkbox"/>
Individual factors		
• The employee's fitness and health is suitable to the tasks to be undertaken	<input type="checkbox"/>	<input type="checkbox"/>
• Any special needs to ensure health and safety have been advised to the Manager	<input type="checkbox"/>	<input type="checkbox"/>