

Work from Home Self-Assessment Checklist

Appendix “A”

The University will approve employee requests to work from home on a case-by-case basis. Employees and their supervisor(s) must complete the Work from Home Self-Assessment Checklist prior to commencing a work from home arrangement. All work from home arrangements must be approved by the Employee’s Department Head or designate. All work from home arrangements must be for a fixed duration and may be discontinued at the Employee’s request or at the discretion of the Department Head or designate, upon provision of reasonable notice to the Employee.

Section A: Self-Assessment Questions: (to be completed by the Employee and their Supervisor(s))

	Yes	No
Does the nature of the Employee’s work allow them to perform their job duties remotely?		
Does the Employee have the appropriate IT security protocols (VPN, software, hardware, etc.) in place at their remote work location?		
Is the Employee aware that they must secure and ensure the privacy of any and all University documents and information while working from home?		
Does the Employee have an appropriate workstation set up (ergonomic workstation, secure document storage, etc.) at their remote work location to support a work from home arrangement?		
Is the work from home arrangement a practical and efficient use of resources for the work to be completed from home?		
Can the work being performed remotely be monitored and measured?		
Will the Employee be caring for dependent family members while at home?		
Does the Employee understand that this arrangement can be discontinued at their request or at the discretion of the Department Head or designate?		
Will there be an impact on other Employees and their work?		
If so, can the impact be accommodated by the Employee or the Department?		
Is the Employee aware that they will be expected to maintain regular contact with their Supervisor(s)?		
Does the Employee agree to abide by all University policies and procedures throughout the duration of their Work from Home Arrangement?		

Date Completed: _____

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Section B: Action or Equipment Required

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What additional resources are required (i.e. print resources, computer equipment, VPN access)? If additional resources are required, does the Employee understand that the provision of these resources is normally their responsibility?

Section C: Acknowledgement and Acceptance

By affixing my signature below, I acknowledge that the information provided in this Checklist is complete and accurate. I agree to immediately communicate any changes or updates to the information provided in this Checklist to my Supervisor(s).

NOTE: For Employees and Supervisors that do not have access to a digital signature or scanning technology, an email with the attached completed checklist confirming agreement to its contents is also acceptable.

EMPLOYEE NAME:

SUPERVISOR NAME:

SIGNATURE:

SIGNATURE:

DATE:

DATE:
