

## Flexible Work Arrangement (FWA) Agreement

Effective Date of Agreement: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Employee Position: \_\_\_\_\_

Division Name: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

**Type of FWA being requested (select all that apply):**

1. Remote Work (up to 50% of workdays per month) – Yes/No
2. Flextime (change in start/end time) – Yes/No

### Remote Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday
June 27 – July 2					N/A
July 3 - 9					
July 10 - 16					
July 17 – 23					
July 24 – July 30					
July 31 – August 6	N/A				
August 7 – 13					
August 14 - 20					
August 21 – 27					
August 28 – September 3					
September 4 – 10	N/A				
September 11 – 17					
September 18 – 24					
September 25 – October 1					
October 2 – 8					
October 9 – 15	N/A				
October 16 – 22					
October 23 – 29					
October 30 – November 5					
November 6 – 12					
November 13 – 19					
November 20 – 26					
November 27 – December 3					
December 4 – 10					
December 11 – 17					
December 18 – 24					
December 25 - 31	N/A	N/A	N/A	N/A	N/A
January 1 – 7	N/A				
January 8 – 14					
January 15 – 21					
January 22 – 28					
January 29 – February 4					

#### Instructions

1. Employees are to review the Flexible Work Arrangements Policy before request an FWA arrangement.
2. For remote work requests place an 'X' by the day(s) being requested for remote work within the 50% eligibility per month. In addition, where vacation is known, identify a 'V'.  
**\*Note formal vacation requests are still required via your supervisor and through Ceridian Dayforce.**
3. For Flex Time Requests, enter the requested start and end time. If this varies depending on the time of the year, please indicate as such in the comments box.
4. Employee's request FWA are to fully complete this form (following agreement with their supervisor and must submit for formal approval via Dayforce.
5. The agreement does not become effective until the supervisors approves the form in Dayforce. Employees will receive notification via email from Dayforce.
6. This agreement shall be reviewed annually with a new agreement required by before **Feb 4<sup>th</sup>** of each year.

#### Remote Work Schedule Legend

**N/A** = Not Applicable (Office Closed)

**V** = Planned Out of Office Days (Vacation, Floater, Family Responsibility, etc.)

**X** = Planned Remote Workday

## Flextime Schedule

Flextime requests are ONLY required for requests **outside of each individual's standard working hours**, which vary across TRCA depending on each position. E.g., standard office hours are 8:30-4:30, where those working in the field might be 7:00-3:00.

**Flextime:** Start time: \_\_\_\_\_ and End time: \_\_\_\_\_

If the flextime request is for only a certain period of time, please indicate in the comments box below.

**Comments:**

## Agreement

### **Term of Agreement:**

This Agreement shall become effective as of the date written above, and shall remain in full force and effect, as long as Employee remote works, unless the agreement is terminated. Note that this agreement needs to be reviewed and approved annually per the policy.

### **Termination of Agreement:**

Employee's participation as a remote worker is entirely voluntary. Remote work is available only to eligible employees, at TRCA's sole discretion. Remote work is not an employee benefit intended to be available to the entire organization. As such, no employee is entitled to, or guaranteed the opportunity to, work remotely. Either party may terminate participation in the program upon two (2) weeks' notice to the other party. TRCA may terminate the employee's participation in the program immediately if there is abuse of the program (e.g., employee conducts personal business during work time). TRCA will not be held responsible for costs, damages or losses resulting from cessation of participation in the remote work program. This agreement is not a contract of employment and may not be construed as such.

### **Work hours, Overtime, Vacation:**

Work hours are not expected to change during the program (exception is flextime request). In the event that overtime is anticipated, this must be discussed and preapproved with the supervisor, just as any overtime scheduling would normally have to be approved.

### **Work Schedule:**

The daily work schedule for the days when working remotely is subject to approval by employee's supervisors.

### **Equipment:**

TRCA may provide the necessary computer, software, and other peripheral equipment needed for remote working. All of these items remain the property of the TRCA and must be returned to TRCA upon request.

All computer peripheral or supplies provided by TRCA are provided for use on TRCA work assignments. Other household members or anyone else should not use the equipment, software and supplies. TRCA owned software may not be duplicated except as formally authorized.

**Workspace:**

Employee agrees to designate a workspace within their remote work location ensuring proper ergonomic set-up, privacy and security of information. Employee agrees to maintain this workspace in a safe condition, free from hazards and other dangers to the employee, equipment, and TRCA information.

It is the employee's responsibility to ensure they have appropriate insurance coverage, including liability insurance, for their proposed remote work site.

Any TRCA materials taken to the remote workspace must be kept in the designated work area and not be made accessible to others.

**Office Supplies:**

Office supplies will be provided by Employer as needed. Employee's out-of-pocket expenses for other supplies will not be reimbursed unless by prior approval of the employees manager.

**Dependent Care:**

Remote work is not a substitute for dependent care. Remote workers will not be available during company core hours to provide dependent care or conduct other personal non-work-related functions.

**Taxes:**

It will be the Employee's responsibility to determine any income tax implications of maintaining a home office area. TRCA will not provide tax guidance nor assume any additional tax liabilities. Employees are encouraged to consult with a qualified tax professional to discuss income tax implications.

Employee remains obligated to comply with all of TRCA rules, practices, instructions, and this agreement. Employee understands that violation of any of the above may result in preclusion from remote work.

I have read and understand this Agreement and accept its conditions.

**Acknowledgement of Agreement**

I have read and understand the Flexible Work Arrangement Policy and Agreement Form and agree to adhere to policy and its requirements. Failure to comply with the terms of the policy may result in the immediate ending of the flexible work arrangement or result in a further review.

\_\_\_\_\_  
Employee Name (printed)

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date