

Employee Work from Anywhere Request Form

Employee information

Employee name: _____

Job Title: _____

Department information

Manager's name: _____

Department: _____

Request details

Part-time:

Compressed week:

Flex-time:

Work from anywhere*:

*Requires signing a WFA Agreement.

Proposed weekly schedule details

Day	Start time	End Time	Total Hours
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

Reasons and benefits

Provide your reason for requesting to Work from Anywhere (WFA) and for how long.

Explain the current situation. What works well, what does not, why WFA will improve the situation and be beneficial to the business.

If you have already worked remotely, what did you experience? *(Include accomplishments, achievements, and improvements relating to work and productivity. Bullet point you answer.)*

WFA office set up

What is your current set up? Separate office, in the kitchen etc.

Are you using your own equipment or requesting tools and equipment from the business?

If you have your own equipment provide details. Do you have video conferencing capabilities?	Yes	No	N/A
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If wanting to use work equipment, will it be secure and inaccessible to others.	Yes	No	N/A
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Will your WFA location be safe and ergonomically sound?	Yes	No	N/A
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Do you have dependents?	Yes	No	N/A
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Do you currently have dependency care in place, and will this continue?	Yes	No	N/A
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Communication plan

Have you considered what on-going communication with the business, your manager, and your colleagues might look like? *(Will anyone in your team be adversely affected?)*

What are your communication plans for the following channels?

Customers _____

Direct reports: _____

Manager/s: _____

Colleagues/project teams: _____

Considerations

The following factors have been taken into consideration with this proposal.

The schedules will not adversely affect the operations of the department.	Yes	No	N/A
The position identified for flexible arrangements is conducive to such schedules.	Yes	No	N/A

A plan has been developed to monitor the performance of the employee participating in this work arrangement.	Yes	No	N/A
The employee has been advised that the department may discontinue, temporarily suspend, or alter the schedule if the business' needs change, internal policies change, or there is any adverse impact to the business because of this arrangement.	Yes	No	N/A
The quantity, quality, and timeliness of the employee's work are anticipated to be maintained or enhanced.	Yes	No	N/A
The arrangement will not cause need for overtime nor additional staff.	Yes	No	N/A
The employee has been advised about annual leave, sick leave, and annual holidays, as they relate to remuneration and the legislative requirements the business needs to meet.	Yes	No	N/A
Any impact to the eligibility of benefits has been addressed with HR and any potential/necessary change has been addressed.	Yes	No	N/A

Manager's Response to Work Arrangement

The Agreement is approved	Yes	The work schedule has been approved by the employee's supervisor and work duties and all related responsibilities regarding the schedule have been discussed with the employee. Either employee or supervisor may elect to terminate this work schedule due to a change in circumstances.
The Agreement is denied at this time	No	After reviewing the needs of the department and the business against the request of the employee, the request cannot be approved at this time.

Signatures

Employee signature: _____ Date: _____

Manager signature: _____ Date: _____

Dept head signature: _____ Date: _____