

**APPENDIX A**

**WORKING FROM HOME AGREEMENT**

This agreement confirms the working from home assignment for \_\_\_\_\_ (Employee Name). It has been deemed appropriate by the Supervisor that this employee's position based on job functions, performance, and employment status etc. can complete work remotely. This agreement shall be without prejudice or precedent and will be updated when required in accordance with the Working from Home Administrative Procedure (A-OP-448-23). This form must be completed and approved prior to any working from home begins.

This agreement begins on \_\_\_\_\_.

ADDRESS of REMOTE WORK LOCATION \_\_\_\_\_, Ontario, CANADA.

**Acknowledgement and Agreement**

I acknowledge that working remotely a privilege and that the Board may amend or revoke this agreement at any time. If this agreement is revoked, I will return to the workplace on the date directed by the Board and will bring all Board-provided resources and resume my regular duties at my regular work location.

I acknowledge that I have read and understand the Working from Home Administrative Procedure (A-OP-448-23) of the Lambton Kent District School Board. I understand that I must continue to meet the performance expectations required of me and will ensure that my workspace is maintained in a safe manner.

I agree to adhere to this agreement and, if applicable, will ensure that employees working under my direction adhere to this agreement. I understand that if I violate the rules or procedures outlined in the Working from Home Administrative Procedure (A-OP-448-23), I may be subject to appropriate disciplinary action.

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

Department: \_\_\_\_\_

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

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

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

Supervisor Signature: \_\_\_\_\_

Manager/Superintendent Name: \_\_\_\_\_

Manager/Superintendent Signature: \_\_\_\_\_