Columbia College Remote Work Agreement - April 2022

Beginning on	(start date),
I	(employee name) will be permitted to work remotely
	(choose: full-time OR part-time).

If working part-time, attach Remote Work Request Form with Work Schedule

I acknowledge that this agreement does not alter or replace the terms and conditions of my existing employment contract with Columbia College, and I agree that Columbia College retains the right to provide me with 30 days' written notice if they ever decide in their sole discretion that I should return to in-person work arrangements. I, in any event, agree that I will continue to comply with all Columbia College policies, practices, and rules for the duration of this agreement. I understand that if my home address changes or I intend to work outside of Calgary, Alberta or Canada during this agreement, I must inform and receive written approval from Columbia College in advance, as this may have implications for my entitlements under employment standards and my taxes.

Employee Expectations

While working remotely, I will:

- Adhere to the Columbia College Remote Work Policy
- Continue to fulfil the regular duties and responsibilities of my role, as well as work towards meeting performance goals and achieving key performance indicators.
- Work during my scheduled hours and be available if contacted by Columbia College during these hours.
- Maintain regular and ongoing communication with colleagues, management, students, customers, and other required parties.
- Save all my work in the designated place on the Columbia College's server so that is it available to colleagues who require access.

Data Security and Confidentiality

I acknowledge that if I use my personal cell phone, tablet, or computer for work related purposes, that information will remain secure. If supplied with College equipment, I will only use the resources provided to me to complete my work. I acknowledge that these resources and the content stored on them are property of the Columbia College.

I will ensure that no one else has access to or uses these resources and that all devices are password-protected and placed into a locked state whenever I leave my work area. I will not allow any third-party technicians other than those pre-approved by the Columbia College to work on, repair, update, or modify any College-provided resources in my possession.

I will only use a privately owned, password-protected and reliable Internet connection that does not have a public Wi-Fi connection to access Columbia College's servers and e-mail. I will ensure that all information related to my work for the College, including documents and e-mail in print and electronic form, is kept confidential from any unauthorized person regardless of whether the information is considered confidential or not. In the event of any data security breach or access by any unauthorized person, I will immediately inform the IS department.

Health and Safety

I will establish and maintain a designated workspace that is safe and set up ergonomically. I will follow all health and safety practices and promptly report any work-related injuries or accidents that occur to the HR Department. I acknowledge that while I am covered by workers' compensation for job-related injuries that may occur, Columbia College is not responsible for any non-work-related injuries that may occur while working remotely.

End of Agreement

I acknowledge that working from home is a privilege and that Columbia College may amend or revoke this agreement in accordance with the terms set out herein. If the agreement is revoked, I will return to the workplace on the date required with College-provided resources and resume my regular duties in person. If my employment is terminated while working remotely, I acknowledge that Columbia College may immediately revoke my access to College resources without advance notice. I agree to return all College-provided resources to the workplace within 5 business days and recognize that failure to do so may result in legal action.

Acknowledgement and Agreement

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Name:		_
Signature:		-
Date:		-
Witness:		_
Approved by:	F	Position:
Date:		
Signature:		