**Please refer to the VCC/CUPE 4627** [**Collective Agreement**](https://employee.vcc.ca/media/myvcc/content-assets/documents/departments/human-resource/agreements-policies--procedures/20142019cupe4627.pdf) **for more information**

**Eligibility and Selection Criteria**

1. A statement outlining the telework arrangements and clear performance expectations will be discussed with the employee and signed by the employee and the College. A signed copy will be sent to the Union.
2. Each telework proposal will be submitted to Danielle Somogyi in People Services with a copy to the Union.
3. Each proposal will be considered on its own merits, taking into account the nature of the work, the requirements of the College and the proposal of the employee.
4. Employees with proven satisfactory performance, as discussed and documented, as part of the “Strengths and Development Review” process, will be considered for teleworking opportunities. Concerns regarding performance should have been bought to the attention of the employee prior to the submission of a telework proposal.
5. Any proposal for telework that is not approved will be subject to review for the Joint Teleworking Committee. Reasons for denial will be provided to the Union and the employee, upon request.
6. Where multiple employees request and are eligible for telework, seniority will be the determining factor in accordance with 7.1.9 as it relates to access to preferred assignments.

**EMPLOYEE NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **EMPLOYEE ID #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**JOB TITLE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DEPARTMENT:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SUPERVISOR:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **ITEM** | **ACTIVITY** |
| **1. Job Duties & Responsibilities** | Set clear performance expectations as to the employee’s job duties and responsibilities while Teleworking. |
|  |
| **ITEM** | **ACTIVITY** |
| **2. Telework Location** | Address (including City and Postal Code):Phone contact info: |
| **3. Schedule** | Hours and specific work days of the week the employee is expected to work during this remote working arrangement. (incl. fortnights) |
| **4. Duration of Telework** | Effective date & review period to ensure effectiveness of the arrangement. |
| **5. Technology, Equipment, Materials and Supports** | Create a list of the equipment the employee will be using during this period of working remotely: |

**Email your completed document to** **Danielle Somogyi** **in People Services with a copy to the** **Union****.**