

COVID-19 Working from Home Arrangement Form

This Working from home Agreement will commence on **Date** and will be reviewed weekly. Working from home arrangements may be modified, extended or stopped at any time. Daily check-ins are required via phone, e-mail or other. Please forward this form to cmacdonald@sooke.ca

Employee Information	
Name	
Position	
Department/Division	
Current Hours of Work	8:00 – 4:30
Date	

Workplace Location			
Address and City	2842 Phillips Road		
Phone number	250-664-6469		
Cell number	250-686-9766 (poor reception at home, best for texting)		
Hours of Work			
	Start Time	Finish Time	Location (home or work)
Sunday			
Monday	8:00	4:30	Home (work on Council meeting days as required)
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

Employee and Director have agreed to the following: (eg: listing performance goals/measures, objectives, phone meeting schedule, etc.)

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(attach additional page(s) as necessary)

All employment contract provisions apply. By signature, the Employee confirms they agree to the Working From Home guidelines and parameters:

	Name	Signature	Date
Employee			
Director			
CAO			
Human Resources		Please forward to cmacdonald@sooke.ca	