

BC Hydro Telework Agreement

MOU 79 Exceptional Circumstances – COVID-19

(MOU 85 D for those applicable)

Please read the following items and sign the form in the space provided indicating your agreement:

1. I have read and understand the BC Hydro & MoveUP Local 378 Telework Project Memorandum of Understanding (MOU) #79 (MOU 85 D for those applicable) Exceptional Circumstances and agree to the duties, obligations, responsibilities, and conditions for teleworkers described in that document.
2. I understand that teleworking is required during this pandemic as governmental directives have been enacted to support a province-wide response to novel coronavirus.
3. I understand that telework is voluntary and that I may stop teleworking at any time.
4. I understand that the company also has the right to discontinue the teleworking arrangement at any time.
5. I understand that when I am away from the office teleworking I must comply with all organizational rules, policies, procedures and the terms negotiated in the collective agreement. I have reviewed the documents contained on the telework webpage (http://hw/emp_ess/hr/emp_rel/cope/pages/cope_telework.aspx), including the Q&A's, the VPN Security Guidelines and the policies.
6. I agree to adjust my regular telework day(s) to accommodate the business requirements for my presence in the office. This may include the need to cancel a telework day on short notice.
7. I understand that my compensation, benefits, and work responsibilities will not change due to participation in the telework program.
8. I understand that the amount of time I am expected to work per day or pay period will not change as a result of participation in the telework program.
9. I understand that if I am eligible for overtime pay, I must get advance approval from my manager.
10. I understand that I am expected to take my regularly scheduled breaks.
11. I understand that while teleworking, it is my responsibility to:
 - Maintain a safe work environment;
 - Protect any company equipment I have; and
 - Safeguard confidential work-related information.
12. I understand that I will not care for dependents and will not perform personal business during work hours while teleworking. If a dependent care responsibility impacts my ability to telework, I must raise this with my Manager to determine alternate arrangements as required.
13. I understand that I will not hold business visits and in-person meetings with business customers or co-workers at my telework location.

Employee Name	
Signature	
Date (dd/MM/yyyy)	

A completed copy of this must be sent to EmployeeServiceCentre@bchydro.com

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Manager and Employee to complete this form together:

The employee agrees to work at the following location (hereafter referred to as the Telework location):

Telework location _____

Telework will commence on _____ (beginning date of agreement)

Telework will end on _____ (expiry date of agreement if applicable)

Scheduled telework days (if a set schedule):

Mon Tues Wed Thur Fri

NOTE: If the schedule will vary you must specify how and approval must be requested in advance from the Manager. Telework is only permitted up to a full-time basis under MOU#79 (exceptional circumstances) for a maximum of three weeks or by extension with union agreement. Refer to the Q&As on the telework webpage.

The employee's work schedule will be as follows:

Telework start time: _____ Finish time: _____

Total telework hours not to exceed 7.5 without pre-authorization for overtime.

The employee's responsibilities on telework days will be as follows:

The following company equipment will be used by the employee while Teleworking (if any):

The phone number the employee can be reached at: _____ and the employee understands that he/she needs to be as accessible to management/colleagues as if at the office.

Employee Name		Employee Position	
Employee Signature		Date (dd/MM/yyyy)	
Manager Name		Manager Position	
Manager's Signature		Date (dd/MM/yyyy)	

- Complete the above telework agreement and sign by typing in your name in the signature section.
- Save a copy of the completed document on your computer for your records. Save your files in this format: MoveUP_WFH_Agreement_{**First name**}{**Last name**}
- Email the completed document to your Manager for approval.
- Once your Manager has approved the telework request, forward the completed copy to EmployeeServiceCentre@bchydro.com.

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Telework Inspection Checklist – COVID-19

Note: This document must be returned with your Telework request. This checklist will be reviewed by your manager. Should there be a number of deficiencies indicated below this will be considered during the approval process.

Employee: _____	Date: _____
Address: _____	
Phone Number: _____	

ITEM	✓	COMMENTS
Privacy and Confidentiality		
<p>Do you have a work area where you can work without disruption?</p> <p>Please inform your family and friends of your Telework arrangements to avoid interruption and maintain confidentiality.</p> <p>Ensure that your work activities and commitments are separate from your domestic responsibilities. If a conflict arises, please identify to your Manager.</p>	<input type="checkbox"/>	

Outside of your Telework Location		
<p>Are the stairs and sidewalks outside your premises in good condition and free of tripping hazards?</p>	<input type="checkbox"/>	

Fire Protection		
<p>Is a smoke detector located on each level of your Telework location and are the batteries changed semi-annually?</p> <p>Are emergency phone numbers immediately available?</p>	<input type="checkbox"/>	

Working Alone and / or in Isolation		
<p>Have you been provided with a means to check in with the office or service provider so that your safety can be assured?</p> <p>Refer to OH&S Regulation Sections 4.20-4.22 if working alone.</p>	<input type="checkbox"/>	

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Office Area		
<p>Do you have enough space to work safely? Is there adequate space on the desk and sufficient room for your chair? Do you have sufficient storage space?</p> <p>Are halls, doorways, corners, stairs, work areas and exits free of obstructions and tripping hazards?</p> <p>Are phone lines and electrical cords secured and out of the way?</p>		

Ergonomics		
<p>Have you reviewed the ergonomic guidelines? http://hw/safety/programs/Pages/ergonomics.aspx</p> <p>Have you made the appropriate adjustments to your Telework location to ensure that they are consistent with the guidelines?</p>		

Heating and Electrical		
<p>Be aware of what levels of heating, lighting, and ventilation in the Telework location are appropriate to ensure a safe and healthy working environment. Is the work area maintained within a temperature range of 20 to 24.5 Celsius (68 to 76 Fahrenheit) degrees?</p> <p>Are there enough electrical outlets in the work area with sufficient capacity to avoid overloading?</p> <p>Is all electrical equipment free of recognizable hazards such as frayed or loose wires?</p> <p>Are electrical cords double insulated and/or equipped with three prong plugs?</p> <p>Are surge protectors, with a built in circuit breaker, used for computers, fax machines, and printers?</p>		

Ongoing Review		
<p>Bring to the attention of your manager any proposed changes to the working arrangements which may require a reassessment of the workplace.</p> <p>If you experience musculoskeletal pain when working at your Telework location, discuss this with your manager.</p>		

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