



The Corporation of
The Township of Brock
1 Cameron St. E., P.O. Box 10
Cannington, ON L0E 1E0
705-432-2355

Telecommuting Agreement

Employee Information

Name: _____

Job Title: _____

Department: _____

The employee agrees to the following conditions:

- The employee will remain accessible and productive during scheduled work hours.
- The employee will obtain supervisor approval prior to working unscheduled overtime hours.
- The employee will report to the employer's work location as necessary upon directive from his or her supervisor.
- The employee will comply with all Township of Brock rules, policies, practices and instructions that would apply if the employee were working at the employer's work location.
- The employee will maintain satisfactory performance standards.
- The employee will make arrangements for regular dependent care and understands that telecommuting is not a substitute for dependant care.
- The employee will maintain a safe and secure work environment at all times.
- The employee will report work-related injuries to his or her manager as soon as practicable.

Township of Brock will provide the following equipment:

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The employee agrees that the Township of Brock equipment will not be used by anyone other than the employee and only for business-related work. The employee will not make any changes to security or administrative settings on Township of Brock equipment. The employee understands that all tools and resources provided by the company shall remain the property of the company at all times.

The employee agrees to protect company tools and resources from theft or damage and to report theft or damage to his or her manager immediately.

- The employee understands that all terms and conditions of employment with the Township remain unchanged, except those specifically addressed in this agreement.
- The employee understands that management retains the right to modify this agreement on a temporary or permanent basis for any reason at any time.
- The employee agrees to return company equipment and documents within 3 days of termination of employment.

Employee Signature: _____

Date: _____

Managers Signature: _____

Date: _____

HR/CAO office: _____

Date: _____