

## Employee Working from Home – Single Day Authorization

Employee Name: \_\_\_\_\_ Position: \_\_\_\_\_

Employee Regular Work Site: \_\_\_\_\_ Supervisor: \_\_\_\_\_

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Date working from home: \_\_\_\_\_ Hours: \_\_\_\_\_

Reason working from home: \_\_\_\_\_

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Employee Home Address: \_\_\_\_\_

Employee Home Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

### Employer Contact Information (Person to be contacted for the check in process):

Name: \_\_\_\_\_

Process for check in: phone / email / office 365 form

Email: \_\_\_\_\_

Check in time: \_\_\_\_\_

Phone: \_\_\_\_\_

Check out time: \_\_\_\_\_

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### Employee Acknowledgement:

I have reviewed the Employee working from home procedure with my supervisor, and I have read and understand the requirements, including the Check in Procedure and the Safety Checklist. I acknowledge and understand that:

- a. I must check in at the start of the shift, and check out at the end of the day;
- b. I must maintain a safe work environment in my home;
- c. I have reviewed the safety checklist and any safety concerns with my supervisor; and
- d. I must maintain and protect the confidential and/or personal information of students, employees, and the District in accordance with the Freedom of Information and Protection of Privacy Act, reporting any privacy breaches to my supervisor, or the Secretary Treasurer, as soon as reasonably possible.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

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### Approval:

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

**The completed form needs to be filed on site and emailed to HR. Please send the form to HR@mpsd.ca.**

## Employee Working from Home – Safety Checklist

**Directions:**

- Please review this document before beginning any remote work in your home area.
- Contact your supervisor/manager/HR or OHS ([OHS@mpsd.ca](mailto:OHS@mpsd.ca)) with questions/concerns

**Review items in the table and enter one of the following in the 'OUTCOME' column.**

**Y:** item reviewed, no issue or

**N:** item reviewed and potential issue - make notes, discuss with supervisor and correct situation

ITEM – DIRECTION OF SAFE WORK	OUTCOME	ACTION
Discussed with Supervisor check-in procedures		
Discussed with Supervisor the need for safe work procedure for <i>Home Office</i>		
Discussed with Supervisor the need for a process to summon assistance if required		
Discussed with Supervisor the need to report to the supervisor any work-related injury, accident, or incident - on the same day as the event		
Discussed with Supervisor the need to seek immediate medical attention for any work-related injuries		
Discussed with Supervisor the need to notify supervisor if there is any risk of violence present in the home		
ITEM – ERGONOMIC HAZARDS	OUTCOME	ACTION
Work area Inspected - prevention of physical strain on employee – resolved potential hazards (i.e. desk and chair, lighting, low noise)		
Work area allows for an efficient work environment (e.g. place for documents, etc.)		
Reviewed Ergonomic documentation (Appendix B on main procedure)		
Reviewed Proper posture – sitting / standing (refer to sit-stand safety tip)		
ITEM – ELECTRICAL HAZARDS	OUTCOME	ACTION
No electrical hazards identified in workspace (i.e. everything is properly plugged in, using surge protector power bars)		
All Electrical outlets in the work area are in good condition (i.e. no loose panels)		
All Electrical cords in the work area are safe for use (no damage, no modification, proper length)		
Power bars and extension cords are used properly (not placed to create trip hazard)		
Checked for compatibility of cords and plugs for devices		
ITEM – GENERAL HAZARDS	OUTCOME	ACTION
No tripping hazards around the work area		
No hazards that may fall or tip over onto the work area – items secured.		
No hazards /distractions present in the work area (i.e. pets, children, stairs)		
ITEM – FIRST AID / EMERGENCY PROCEDURES	OUTCOME	ACTION
Employee has a means to summon assistance when working alone (Note: First aid attendant is not required in a workplace of one)		
Employee contacts are posted, and programmed into employee's phone (method for getting in touch with Supervisor/Administrator)		
One safe place to go to in the event of an emergency are identified. i.e. Neighbour or Family - Locations: _____		
Supervisor was provided with emergency phone numbers		
ITEM – SECURITY / CONFIDENTIALITY	OUTCOME	ACTION
Equipment and documents in the work area are secured (locked cabinets)		
Employee understands to lock computer when not in use to protect private information		
Employee understands to keep Information on screen and work-related documents away from others at home to protect private information from disclosure		
The end of shift shut down procedure includes secure/put away paperwork, log off server, etc – to protect private information from disclosure		
ITEM – OTHER HOME AREA HAZARDS	OUTCOME	ACTION