ATHABASCA UNIVERSITY \_\_ \_\_\_ 

HUMAN RESOURCES

# TELEWORK INFORMATION FORM

Academics with regular appointments can voluntarily choose to perform their job duties primarily from a home office providing they are able to meet Athabasca University’s technology and attendance requirements. The home office must be located in Alberta unless prior approval is received from the President.

**GENERAL INFORMATION □ New Application □ Information Update only**

Employee Number: \_\_\_\_\_\_\_\_\_\_

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

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address (if different from mailing address): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postal Code: \_\_\_\_\_\_\_\_\_\_\_

## TELEPHONE INFORMATION

AU dedicated phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax number (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## INTERNET

**High speed Internet is mandatory.**

Name of High Speed Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Send copies of this form to your academic director and to your Human Resources Advisor.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (if not submitted electronically) Date

The personal information collected on this form will be used for the purpose of implementation of the allowance system for telephone and high-speed Internet expenses and the one-time taxable payment. It is collected under the authority of section 33 (c) of the Alberta Freedom of Information and Protection of Privacy Act. If you have any question about the collection and use of this information, contact your Human Resources Advisor, Human Resources, Athabasca University, 1 University Drive, Athabasca, AB, Canada, T9S 3A3. Telephone: 1-800-788-9041, extension 6655.

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AUFA Hazard Assessment Agreement for Teleworkers

The home office should offer the same level of safety and security, as the employee would receive at the regular work office. Alberta Workplace Health and Safety has legislated conducting a hazard assessment to identify and control work related hazards. **Please conduct the following assessment of your home office using this form, sign/date the form and return it to Human Resources by fax: (780) 675-6135) or by mail.** For a more detailed hazard assessment guideline see Hazard Assessment at http://www1.athabascau.ca/hr/ohs.

**Fire Protection:**

1. Is there a smoke detector?

YES NO

1. Is there clear access to a fire extinguisher?

YES NO

1. Is there a carbon monoxide detector in areas where there are fuel-burning appliances?

YES NO

**Emergency Procedures:**

1. Has an evacuation plan been established?

YES NO

1. Are first aid supplies readily accessible and adequate?

YES NO

1. Are emergency contact numbers posted near the phone?

YES NO

1. Has a periodic contact schedule been established?

YES NO

1. Does your office contact know how to reach someone near you in the event of an emergency?

YES NO

1. Are you aware incidents must be reported immediately to your supervisor?

YES NO

**Electrical Safety:**

1. Are extension cords in good condition and positioned properly?

YES NO

1. Are outlets grounded and not overloaded?

YES NO

1. Is there surge protection for electrical equipment?

YES NO

1. Is there sufficient ventilation for electrical equipment?

YES NO

1. Are telephone lines, electrical cords, extension wires, and computer cords all neatly secured out of the way, for example, under a desk or along a baseboard (reroute, tape or remove cords)?

YES NO

1. Are aisles, doorways, and corners free of obstructions and permit free movement?

YES NO

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

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Employee Signature: Date: