



REMOTE WORK APPLICATION

TM Name: _____ TM Title/Position: _____
 Company: _____ Department: _____
 Location: _____ Years of Service: _____
 Manager/Supervisor: _____
 Proposed Start Date: _____ End Date (if applicable): _____

Flyers Energy (Flyers) considers remote work to be a viable arrangement when both the Team Member (TM) and the job position are well-suited to remote work. Remote work may be appropriate for some TMs and positions, but not for all. This program is not an entitlement or a companywide benefit and does not change the terms or conditions of employment with Flyers.

To work remotely, a TM must demonstrate a high degree of integrity, judgement and responsibility as well as possess a high level of time management, communication, and organization skills. This program allows TMs to work remotely for all or part of their work schedule on a permanent or temporary basis.

Reason for Request to Work Remotely (Please identify how this will impact you, your position, or your ability to perform your work assignments):

PROPOSED WORK SCHEDULE

100% Working Remotely Working Remotely and On-Site Temporary or Regular (T/R)

Please document the weekly work schedule (days and hours) for remote and on-site work:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start Time							
End Time							
Location							

CERTIFICATIONS

I have adequate internet connection at my remote work site

I have a dedicated work area that is secure, safe, and will allow for an appropriate level of confidentiality, privacy, and freedom from distractions

I will not be the primary care provider for any dependent during my remote work hours and I will make regular dependent care arrangements during remote work hours

By signing this document, I certify that I have read and agree to abide by the requirements outlined in the Remote Work Program document. I understand that a Remote Work Agreement is based on Manager/HR approval and that by submitting this application, I am not being guaranteed a remote work arrangement.

Team Member Name _____ Signature _____ Date _____



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To be completed by Manager/Supervisor:

ELIGIBILITY

- Employed for at least 12 months of continuous employment
- No disciplinary notices within the last 6 months
- No outstanding Performance Improvement Plan (PIP)
- Demonstrated high level of performance, responsibility, integrity, and judgement
- Effective time management, communication, and organization skills
- The job responsibilities are well suited to a remote work arrangement

DETERMINATION

- Approved (terms may be modified in the Remote Work Agreement)
- Declined (please explain below)

Manager Name _____ Signature _____ Date _____

To be completed by HR:

Manager/Supervisor decision has been reviewed and HR concurs

If approved, the TM and Manager/Supervisor has been given the Remote Work Agreement to complete

Following review and approval, HR has verified that the Manager/Supervisor has communicated the decision to the TM

HR Name _____ Signature _____ Date _____