

Hybrid Work Arrangement Request Form and Assessment

As outlined in CNC's Hybrid Workplace policy, CNC employees and their supervisors are required to use this request form and assessment to collaboratively determine effective hybrid work arrangements on a case-by-case basis.

Employee Name:	
Position:	
Department:	
Date of request:	
Supervisor:	

Hybrid work arrangement requests may be submitted for a maximum of one year with subsequent requests renewed annually. Shorter durations (i.e., less than 12 months) can also be considered if more suitable for the department and the employee.

Proposed effective date: _____

Expiry date: _____

Reason for Request

Describe your reason for requesting a hybrid work arrangement. For example, to increase productivity, reduce the environmental impact of commuting, or contribute to a positive work-life balance. Providing childcare or family care are not considered valid reasons for hybrid work arrangement requests.

Requested Hybrid Workplace Location

If the request is approved, will your remote work be conducted from your home address?

Yes No

If no, please provide an alternative address:

Is your current home address on file with the CNC Human Resources department?

Yes No

You can manage your home address on file by logging in to [Self-Serve](#) and navigating to User Options, User Profile.

Requested Hybrid Workplace Description

Provide a description of the requested hybrid workspace (i.e. main floor office space with desk and office chair, etc.) **Please attach pictures of your workstation and chair.**

--

Work Schedule

Outline the proposed hybrid work schedule below and indicate the work location (either home or CNC campus) for each day. Variations to the schedule are possible with mutual agreement of the employee and immediate supervisor, documented in writing.

Day of the Week	Hours of Work	Work Location
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Sat / Sun		

Once the employee has completed this form, please submit to your Supervisor for review.

Hybrid Work Arrangement Collaborative Assessment

Complete the assessment below by indicating yes or no using the checkboxes. Upon completion, any “no” responses should be discussed with your supervisor.

TECHNOLOGY

Factors to consider	Resources	Employee Assessment	Supervisor Assessment
The employee has the appropriate technology (hardware, software, internet connection, etc.) in place to work productively.	CNC Information Technology Services Support Portal	Yes No	Yes No
The employee is aware of and able to comply with ITS and data security policies and guidelines.	Acceptable Use of CNC Information Technology and associated procedures	Yes No	Yes No

PHYSICAL SURROUNDINGS

Factors to consider	Resources	Employee Assessment	Supervisor Assessment
The employee has a safe workstation set-up (ergonomic, secure, free of hazards).		Yes No	Yes No
The employee's workspace is suitable (quiet, adequate space).		Yes No	Yes No
The employee has adequate care arrangements for children or other dependents.		Yes No N/A	Yes No N/A

PERSONAL CHARACTERISTICS AND INDIVIDUAL APPROACH TO WORK

Factors to consider	Resources	Employee Assessment	Supervisor Assessment
The employee prefers to work autonomously and independently, and perform at their best in these conditions.		Yes No	Yes No
The employee is generally skilled at setting milestones and key deliverables as a part of their work. The employee is comfortable working with deadlines and independently managing tasks to ensure deadlines are met.		Yes No	Yes No
The employee is able to foster effective and collaborative working relationships with colleagues, clients, or other stakeholders remotely (taking their needs into account).		Yes No	Yes No
The employee prefers a hybrid approach to work and can easily adapt to changing routines and environments. The employee is willing/able to be on campus when required by the team.		Yes No	Yes No

WELLBEING

Factors to consider	Resources	Employee Assessment	Supervisor Assessment
The employee is able to fully disengage from work after a remote workday.	HR Wellness Resources	Yes No	Yes No
The employee is not bothered by working alone nor by missing the social aspects of working on-campus.		Yes No	Yes No
The employee has integrated self-care into remote work plans.		Yes No	Yes No

Print Employee Name

Employee Signature

Date: _____

Print Supervisor Name

Supervisor Signature

Date: _____

Once Signed by Employee & Supervisor, please submit to appropriate Vice President for signature.

Print Vice President Name

Vice President Signature

Date: _____

Once signed, please submit to hr@cnc.bc.ca for approval by Human Resources.

Human Resources Signature

Date:_____