

THE UNIVERSITY OF ST. MICHAEL'S COLLEGE

Alternative Work Arrangement Form



UNIVERSITY OF
ST. MICHAEL'S COLLEGE
IN THE UNIVERSITY OF TORONTO

It is important to note that not all positions within the University of St. Michael's College are conducive to alternative work arrangements.

Employee Name:	
Position Title:	
Department:	
Supervisor Name:	
Date of Form Completion:	

Complete this form after reviewing the University of St. Michael's College Alternative Work Arrangements Guideline (<https://stmikes.utoronto.ca/wp-content/uploads/2025/11/Alternative-Work-Arrangements-Guideline-November-21-2025.pdf>), which provides the framework for your request. You may draft your proposal in advance to guide discussion with your manager, or work with your manager directly to develop and finalize the arrangement.

Alternative Work Arrangement Schedule

Arrangement Terms	
Term Start Date:	
Term End Date:	
Term Review Date:	

Proposed Alternative Work Schedule		
Day	Location (In-Person or Remote)	Hours
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		
Additional Comments:		

Terms & Conditions of The Alternative Work Schedule

This alternative work schedule applies for the term period outlined above and is subject to University rules on schedule changes, overtime, vacation, leaves, personal days, work reduction days and other employment provisions.

Standard reporting and communication requirements continue, though day-to-day expectations may vary for on-campus vs. remote work. Specific reporting requirements should be discussed and agreed upon with your supervisor as part of this arrangement.

All employment terms, duties, and obligations remain unchanged and are governed by your Collective Agreement, Letter of Offer, and University and departmental policies, procedures and practices.

Acknowledgement & Signatures		
Both the employee and the supervisor are required to sign this form.		
By signing below, both parties acknowledge that they have reviewed and discussed the details of the Alternative Work Arrangement outlined in this document, and are in agreement with the terms.		
Once signed by both parties, please submit the completed form to hr.stmikes@utoronto.ca and CC your supervisor.		
Employee Name:	Employee Signature:	Date:
<div></div>	<div></div>	<div></div>
Supervisor Name:	Supervisor Signature:	Date:
<div></div>	<div></div>	<div></div>