

## **T2200 Attestation Form**

First Name		
Last Name		
Personnel No.		
Job Title		
Department/Faculty		
Email		
I confirm the existence of an agreement between myself and the Department/Faculty indicated above that I would work remotely during the period from to, for percentage of working time during the aforementioned time period.		
This agreement takes the following form:		
	Formal written	agreement (agreement attached)
	Informal agreer	ment (e.g., email - documentation attached)
	Oral agreement	t (confirmed by department head signature on this document)
	Past practice kr	nown to department (confirmed by department head signature on this document)
Department He	ad Name	
Department He	ad Signature	
EMPLOYEE AUTHORIZATION:  I confirm that the information given in this form is true, complete, and accurate. I understand that claiming a deduction for home office expenses on my personal income tax return is my responsibility and that the University does not take any responsibility for what I make or do not make as a deduction, or for the items claimed, or their value, or anything else relating to such deduction, on my personal income tax return.		
Employee Signature		
Date		