**** Office of HUMAN RESOURCES**

# Remote Work Application/Agreement

This completed and executed document will serve as the application to participate in the Remote Work Program and if approved, will be the agreement between the employee and their supervisor.

|  |  |
| --- | --- |
| Employee Name:  |  |
| Supervisor Name: |  |
| Department Name: |  |
| Work Unit (if applicable): |  |
| Work Site: |  |
| Remote Work Start Date: |  |
| Remote Work End Date: |  |
| Remote Work Address: |  |
| Percent (%) of Remote Work Hours requested:  |  |
| For supervisor’s use only: Percent (%) of Remote Work hours approved  |  |

## PART A: Required Hardware and Software:

## Required Hardware: (e.g. Laptop):

|  | Tool | Additional Information |
| --- | --- | --- |
|[ ]  District issued Laptop |  |
|[ ]  Other: (please specify) |  |

Required Communication and Collaboration Tools:

|  | Tool | Additional Information |
| --- | --- | --- |
|[ ]  Zoom |  |
|[ ]  Teams  |  |
|[ ]  Email - Outlook |  |
|[ ]  Tasks/Planner/Outlook |  |
|[ ]  Text messaging:Cellphone Number |  |
|[ ]  Other: (please specify) |  |

Required Document Storage and Management:

|  | Tool | Additional Information |
| --- | --- | --- |
|[ ]  SharePoint |  |
|[ ]  OneDrive |  |
|[ ]  Microsoft 365 |  |
|[ ]  Other: (please specify) |  |
|[ ]   |  |
|[ ]   |  |
|[ ]   |  |

## PART B: Considerations for Remote Work Arrangements

Please confirm you acknowledge the following:

| Acknowledgment | Confirmation |
| --- | --- |
| I have reviewed, understand, and will comply with the Remote Work MOU and the District Procedures.  | [ ]  Yes |
| I have completed all assigned trainings ***(attach copy of Vision Resource Center certificates or transcripts).*** | [ ]  Yes |
| I understand that my department may not have sufficient IT supplies to enable me to conduct my essential functions remotely, therefore my ability to being participation is dependent on the available of IT equipment. | [ ]  Yes |
| I understand that major personal activities such as full-time dependent care or intensive work on a personal project are not appropriate while working remotely and may cause this Agreement to be immediately terminated.  | [ ]  Yes |
| If overtime eligible, I understand that all hours worked must be reported and that overtime requires manager/supervisor pre-approval even when a Remote Work arrangement exists. | [ ]  Yes |
| I understand this Remote Work Application only applies to my current role and current work site. Should I transfer to a new department or office this agreement will cease and I will need to submit a new Remote Work Application to my new manager/supervisor. | [ ]  Yes |
| I understand that I am expected to have fluency utilizing Zoom, Teams, SharePoint, and Microsoft 365 and the ability to utilize the tools checked above. If I need additional training utilizing technology that allows me to effectively work remotely, I will discuss with my supervisor. | [ ]  Yes |
| I understand that I am solely responsible for ensuring that the remote work location has sufficiently stable internet access to perform the work required and that the environment is secure in order for me to conduct my work.  | [ ]  Yes |
| I understand that I am responsible for costs associated with maintaining the remote work environment, such as natural gas, electricity, high speed internet, cell/mobile phone, or travel to my primary work site. | [ ]  Yes |
| I understand that SJECCD will not be liable for damages to employee’s property resulting in participation in the program. | [ ]  Yes |
| I understand that management may terminate my participation in the Remote Work Program at any time for any reason by providing written notice at least 5 business days prior to being required to report on site. | [ ]  Yes |

## PART C: Employee Work plan Proposal

This work plan proposal includes specifics about how, where, and when work will be performed.

### Type of Remote Work – Location and Timing

When completing this section, it is important to consider the implications of the location and timing of work and its impact on students, colleagues, and the department/team. Note: that remote work will not typically exceed 20% of the workweek. *For example, 20% of the workweek for an employee who works 40 hours is 8 hours.*

***Example:***

| **Day** | **Schedule at Work Location** | **Schedule at Remote Location** |
| --- | --- | --- |
| Monday | 8:00 AM– 5:00 PM |    |
| Tuesday |    |   8:00 – 5:00 PM |
| Wednesday |   8:00 – 5:00 PM |    |
| Thursday |   8:00 – 5:00 PM |  |
| Friday |   8:00 – 5:00 PM |    |

| Day | Schedule at Work Location | Schedule at Remote Location |
| --- | --- | --- |
| Monday |    |    |
| Tuesday |    |    |
| Wednesday |    |    |
| Thursday |    |    |
| Friday |    |    |

### Remote Office Set-up

Confirm you have set up your remote workspace in a safe manner. What **required** equipment, tools or resources (from Part A) do you need? What technology tools and equipment (i.e., Zoom, Webcam, Laptop, etc.) impedes your ability to perform your job duties including camera-enabled online meetings, using Outlook for calendaring and emailing, and other requirements outlined in this application. List any software applications that you need additional training in (i.e., Zoom, Teams, Microsoft 365, etc.). Note that at this time, the district’s supply of equipment is limited and you may not be provided with all the equipment that you have requested.

|  |
| --- |
|  |

### Other Considerations

Please note any additional, relevant information that should be considered pertaining to remote work.

|  |
| --- |
|  |

#### EMPLOYEE SIGNATURE

By signing this application, the employee acknowledges that this application is not an executed agreement until all signatures are obtained.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Employee Signature |  | Date |

#### SUPERVISOR APPROVAL

Please state reasons if you do not approve the employee’s Remote Work Application. If you approve, you may skip this text box.

|  |
| --- |
|  |

By signing this application, the supervisor is making a recommendation for the employee to participate in the Remote Work Program.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Name |  | Date |
|  |  |  |
| Supervisor Signature |  |  |

#### MANAGEMENT APPROVAL

Please state reasons if you do not approve the employee’s Remote Work Application. If you approve, you may skip this text box.

|  |
| --- |
|  |

By signing and approving this application, you are approving an agreement for the employee to participate in the Remote Work Program.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Name |  | Date |
|  |  |  |
| Management Signature |  |  |