**** Office of HUMAN RESOURCES**

# Counselor/Librarian Remote Work Application/Agreement

This completed and executed document will serve as the application to participate in the Remote Work Program (RWP) and if approved, will be the agreement between the counselor or librarian and their area administrator.

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| --- | --- |
| Counselor or Librarian Name:  |  |
| Area Administrator Name: |  |
| Department Name: |  |
| Work Site: |  |
| Remote Work Start Date: |  |
| Remote Work End Date (six month increments): |  |
| Remote Work Address: |  |
| Percent (%) and total hours of Remote Work requested:  |  |
| For area administrator’s use only: Percent (%) and total hours of Remote Work 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 |
| 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 area administrator. | [ ]  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 the counselor or librarian’s property resulting in participation in the program. | [ ]  Yes |
| I understand that the District 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 work week and cannot occur during the blackout periods noted in the MOU.

***Example:***

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

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### Other Considerations

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

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#### COUNSELOR OR LIBRARIAN SIGNATURE

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

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| --- | --- | --- |
|  |  |  |
| Counselor or Librarian Signature |  | Date |

#### AREA ADMINISTRATOR APPROVAL

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

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|  |

By signing this application, the area administrator is making a recommendation for the counselor or librarian to participate in the Remote Work Program.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Name |  | Date |
|  |  |  |
| Area Administrator Signature |  |  |

#### AREA VICE PRESIDENT APPROVAL

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

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

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Name |  | Date |
|  |  |  |
| Area Vice President Signature |  |  |