Counselor/Librarian Remote Work Area Administrator’s Checklist

*(Review with Counselor/Librarian)*

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| --- | --- |
| Counselor/Librarian Name: |  |
| Area Administrator Name: |  |

By checking each box below, I am attesting that I (area administrator) have completed the required items for which I am responsible.

|  |  |
| --- | --- |
|  | The Remote Work MOU and Procedures has been reviewed. Additional information or assistance that is necessary has been discussed/provided. |
|  | Performance expectations have been discussed and are clearly understood. Assignments and due dates are to be documented by the area administrator and counselor/librarian during the period of time in which the Remote Work Application is approved and in effect. |
|  | Equipment issued is documented appropriately. Note: Area Administrators are to emphasize that the counselor/librarian must follow the guidelines on the checkout forms used for IT equipment, which includes that the counselor/librarian is responsible for loss, damage and improper use of district-issued equipment. |
|  | Requirements for care of equipment assigned to the counselor/librarian have been discussed and are clearly understood. |
|  | Requirements for adequate and safe office space have been reviewed with the counselor/librarian, and the counselor/librarian certifies that those requirements have been met via the Remote Work Safety Self-Attestation. |
|  | The counselor/librarian is familiar with SJECCD’s requirements and techniques for computer information security and confidentiality of data and information and has access to the SJECCD Computer Use Board Policy (BP) 3720 and Computer Use Administrative Procedure (AP) 3720. |
|  | Phone and other contact/communication procedures have been clearly defined. |
|  | The counselor/librarian has read and signed the Remote Work Application and all other required documentation prior to actual participation in the program. |
|  | The required trainings have been completed. |
|  | The counselor/librarian has all the required tools as described in the Remote Work Application in place/accessible at the remote worksite. |

### **SIGNATURES**

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| Counselor/Librarian Signature |  | Date |
|  |  |  |
| Area Administrator Signature |  | Date |