Non-Instructional Faculty Remote Work Application

This completed and executed document will serve as the application to participate in Remote Work (RW) and if approved, will be the agreement between the non-instructional faculty member and their area administrator.

Faculty Name:	
Area Administrator Name:	
Department Name:	
Work Site:	
Remote Work Start Date:	
Remote Work End Date:	
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	

Required Hardware and Software for Remote Work (check off all that apply)

Appropriate Hardware: (e.g. Laptop):

	Tool	Additional Information
☐	District issued laptop	
☐	Other: (please specify)	

Appropriate Communication and Collaboration Tools:

	Tool	Additional Information
☐	Zoom	
☐	Teams	
☐	Email/Outlook/Calendar	
☐	Phone:	
☐	SARS	
☐	Other: (please specify)	

Appropriate Document Storage and Management:

	Tool	Additional Information
☐	SharePoint	
☐	OneDrive	
☐	Microsoft 365	
☐	VPN Access	
☐	Other: (please specify)	

Appropriate Office Set-up - I will provide the following items to support my remote work:

	Tool	Additional Information
☐	High Speed Internet (required)	
☐	Webcam (required)	
☐	Private work environment conducive to maintaining FERPA compliance and protecting the confidentiality of students' information. (required)	

	Tool	Additional Information
☐	Headset (if needed)	
☐	External monitor (if needed)	
☐	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 Contract Language and the District Procedures.	☐ 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 effective skills utilizing Zoom, Teams, SharePoint, and Microsoft 365. If I, or the supervising administrator, deems additional training utilizing technology is needed, I will meet my supervising administrator to identify appropriate training and effective implementation of the training.	☐ 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 remote work agreements may be canceled by the area administrator (or designee) when the demands of the faculty's position justify the student-facing/in-person service to students and/or the college, any performance or misconduct issues by the faculty member which arise, or for any other urgent/emergency matter deemed by the college or District administration. Before any faculty member's remote work assignment is to be canceled, the area administrator (or designee) shall provide a written explanation about why the assignment was canceled.	☐ Yes

PART C: Employee Work plan Proposal

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

I. 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.

Complete proposed weekly work hours below.		
Day	Schedule at Work Location	Schedule at Remote Location
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

II. 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.

III. Other Considerations

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

Non-Instructional Faculty Signature

The signature below signifies the understanding, acceptance and compliance of the terms of this agreement and in alignment with the AFT Collective Bargaining Agreement (CBA).

Non-Instructional Faculty Signature _____ Date _____

Area Administrator (or designee) approval

By signing this application, the area administrator approves the Remote Work request.

Area Administrator (or designed) Signature

Date

If the application is not approved, please state specific reasons for non-approval and provide suggested modifications to the application. If you approve, you may skip this text box.