

REMOTE WORK AGREEMENT FORM

Remote Work Performance Expectations

_____ agrees to perform all functions of their position in a satisfactory manner for the period of this Agreement from the effective date of _____ to the ending date of _____.

Employees must be accessible via telephone, email, videoconference, and/or network to their supervisor and other District employees while working remotely, as if working at their District Worksite. Employees agree to fulfill all duties that require them to be at their District Worksite including, but not limited to, staff meetings, department meetings or activities, collaborations with coworkers, trainings, and interactions with students, other District employees, and the public.

In extenuating circumstances, employees approved for remote work need to be available to report to campus if necessary for business operations. This may include the requirement to report to campus on a regularly scheduled remote workday. Employees may also be required to report to campus in cases where they do not have internet access, network access, or are experiencing issues that impact their ability to work remotely, such as a loss of power. If a scheduled day off (Holiday, Vacation Day, etc.) occurs on the remote work-day, the remote day may only be switched with mutual agreement. The District may terminate or modify the Agreement if an employee fails to remain accessible.

The following is a list of additional expectations while working remotely:

Other Expectations:

1. Employee shall make reasonable efforts to keep their camera on for all virtual meetings.
2. Employee shall be accessible and respond promptly during scheduled workhours.
3. _____
4. _____
5. _____

Employee Signature

Date

Supervisor Signature

Date

HOME SAFETY CHECKLIST FOR REMOTE WORKERS

Employees who work at home must keep their home offices in a business-like manner, and as clean and free from hazards as their regular District worksite, in order to minimize the chance of accidents. The home must be in compliance with all building codes and must be free of hazardous materials. Employees are responsible for ensuring their homes comply with these health and safety requirements.

To assist in assessing the overall safety of your home office, please answer the following questions by placing a checkmark in the appropriate column. This document will not be processed unless there is a checkmark next to each item.

HAZARD ASSESSMENT	Initial
The employee agrees to maintain a clearly defined workspace that is clean, free from distractions and obstructions, and is in ergonomically sound condition. A virtual ergonomic assessment may be provided upon request. The employee is solely responsible for creating an ergonomically sound alternate worksite.	
The work area is adequately illuminated with lighting directed toward the site or behind the line of vision, not in front or above it.	
Supplies and equipment (both District and employee-owned) are in good condition	
The area is well ventilated	
Storage is organized to minimize risks of fire and spontaneous combustion	
All extension cords have grounding conductors	
Exposed or frayed wiring and cords are repaired or replaced immediately upon detection	
Electrical enclosures (switches, outlets, receptacles, and junction boxes) have tight fitting covers or plates	
Surge protectors are used for computers, fax machines and printers	
Desk, chair, computer, and all other equipment used for remote work are of appropriate design and arranged to eliminate strain on all parts of the body	
A user-friendly workstation and other resources for easy reference are ready at the alternative work site.	
Emergency phone numbers (hospital, fire, police) are posted near the workstation	
A first aid kit is easily accessible and replenished as needed	
Portable fire extinguishers are easily accessible and serviced as required by law	
An earthquake preparedness kit is easily accessible and maintained in readiness	

The Alternate Worksite is an extension of the District's Worksite only when used for work. All existing workplace health and safety rules, as well as all existing employment laws, rules, and policies, apply the same as they would for employees reporting to a District Worksite. The

District is not responsible for any injuries to family members, visitors, or other guests at the employee's Alternate Worksite.

Self Attestation:

I have reviewed the above and agree that all applicable areas are complied with both the equipment and home requirements to perform this position. I further agree that should any injury occur during the performance of my work at the alternate site, I will report it immediately to my supervisor. Should it be identified that I am unable to perform work at the alternate site by meeting the requirements above that I may be required to return to on-site work immediately. The District does not assume responsibility for any unsafe conditions the employee has affirmatively stated are compliant with this Agreement. _____

I have read and understand the District's Remote Program requirements and agree to abide by the items outlined within the Remote Work MOU. _____

_____	_____
Employee Signature	Date

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Employee Name: _____ Employee ID: _____

Job Title: _____ Department: _____

Remote Work Site address: _____

Work Email: _____ Phone #: _____

Remote Work Start date: _____ End date: _____

Remote Work Schedule

Mark the days that the employee is scheduled to work at the Alternate Worksite and the days the employee is scheduled to work at your assigned regular District worksite. Work hours and other conditions of this Remote Work Agreement shall in accordance with the Remote Work MOU/Collective Bargaining provision(s). Remote schedule must be consistent, may not exceed more than two remote days in a week unless approved in advance by the VP of Human Resources.

Place a check mark on the date(s) you are requesting to work remotely.

Mon	Tues	Wed	Thurs	Fri	Sat	Sun

By signing this Agreement, all parties acknowledge that they have received, read, and understood the Agreement.

Employee Signature

Date

Manager/Director Signature

Date

Supervisor Signature

Date

Vice President Signature

Date

Cc: Employee Personnel file