



Remote Work Attachment

Employee Name:

Employee ID

Remote Work Process:

Before submitting a remote work request, **you must discuss your interest in a remote work schedule with your supervisor and obtain the supervisor's consent.** Remote work requests will be reviewed by the executive managers at each College and District division to ensure remote work assignments can adequately support operations and are approved equitably.

Remote Work Eligibility Criteria:

1. Vacation Balance

Please enter your vacation balance.
This is found on your pay stub.

2. Please select which method you are requesting remote work.

- ☐ **Standard** If you do not qualify for all criteria, please select Exemption Request
- ☐ My accrued vacation balance is below my maximum accrual
 - ☐ I do not have an outstanding financial debt to the District
 - ☐ I am not currently on a Performance Improvement Plan
 - ☐ My remote location is within the state of California

- ☐ Exemption Request

3. Remote Work Schedule Type:

☐ **Fixed** – A fixed agreement is an ongoing schedule of remote and in-person work in which the employee works the same recurring pattern of in-person and remote locations. Fixed agreements are ideal for employees whose essential job duties may be performed in-person or remotely with the same level of service and performance.

☐ **Ad Hoc** – An Ad Hoc agreement allows an employee to request to work remotely when desired while typically working in person. Ad Hoc agreements are ideal for employees whose job duties require them to work in person and may occasionally work on projects or assignments which may be completed remotely.



San Diego Community College District

City College · Mesa College · Miramar College · College of Continuing Education

If you are requesting a Fixed Remote Work schedule, please complete start / end times below.

Day	Start	End
Sunday	Remote Start	Remote End
	Onsite Start	Onsite End
Monday	Remote Start	Remote End
	Onsite Start	Onsite End
Tuesday	Remote Start	Remote End
	Onsite Start	Onsite End
Wednesday	Remote Start	Remote End
	Onsite Start	Onsite End
Thursday	Remote Start	Remote End
	Onsite Start	Onsite End
Friday	Remote Start	Remote End
	Onsite Start	Onsite End
Saturday	Remote Start	Remote End
	Onsite Start	Onsite End
<input type="checkbox"/> N/A – Ad Hoc Request		



Safety and Ergonomic Checklist

The following checklist must be completed for any alternative remote work site and reviewed annually. All items must be evaluated by the employee as being satisfactory; one or more items under any area may be marked as “No” as long as the work area is generally free of any hazards (e.g. there is adequate fire protection, but a fire extinguisher is not available). All equipment must be installed and maintained in accordance with the guidelines stated in “Setting Up an In-Home Office.”

1. Electrical

- | | | |
|---|------------------------------|-----------------------------|
| a) There are an adequate number of electrical outlets to support equipment in the work area | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b) Electrical cords are not frayed or otherwise damaged | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c) Electrical equipment and tools are properly maintained | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d) Computers, peripheral equipment, fax machines, and similar devices are connected to surge protectors | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

2. Fire Protection

Smoke Detector

- | | | |
|--|------------------------------|-----------------------------|
| a) There is a smoke detector placed near the work area and any equipment used to support teleworking | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b) The detector is approved by Underwriter’s Laboratory (UL) and can be tested for proper operation | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c) Some detectors are tested monthly C.L.C. Section 6401.7(a)2) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Fire Extinguisher

- | | | |
|--|------------------------------|-----------------------------|
| a) A 2A10BC fire extinguisher is available | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b) The fire extinguisher is fully charged | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c) The fire extinguisher is within 10 feet of the teleworking equipment and is easily accessed | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

3. Emergency Procedures

- | | | |
|---|------------------------------|-----------------------------|
| a) There is an evacuation plan | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b) There is more than one way to exit the workspace (e.g. doors, windows) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c) There is a fully stocked first aid kit onsite | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

4. Environment

- | | | |
|--|------------------------------|-----------------------------|
| a) The work area is uncluttered and free of tripping hazards | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b) All equipment is adequately supported and secured to prevent falling | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c) The work area has adequate lighting | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d) Potentially hazardous chemicals are not stored in or around the work area | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

5. Work Station Ergonomics

Positioning When Seated

- | | | |
|--|------------------------------|-----------------------------|
| a) Forearms and wrists can be parallel to the floor and upper arms resting at sides when at the keyboard/ work surface | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b) Thighs are parallel to the floor when seated | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c) Feet are supported and heels are on a flat surface | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d) At least 2” of clearance between thighs and the work surface | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e) Space between the edge of the seat pan and back of knees (approximately the width of a closed fist) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f) Top of the monitor is at a comfortable height (no need to tilt head forward or backward to view) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |



- g) Monitor screen is a comfortable distance from eyes (no need to lean forward or backward to view) ☐ Yes ☐ No
h) Head and neck rest in a neutral position ☐ Yes ☐ No

Chair Adjustment

- a) Chair height allows seating in a neutral position ☐ Yes ☐ No
b) Backrest supports the curve of lower spine, so spine is slightly arched ☐ Yes ☐ No

Foot Support

- a) Feet sit comfortably on the floor or a footrest ☐ Yes ☐ No
b) If used, footrest allows for seating in a neutral position ☐ Yes ☐ No
c) Footrest allows for leg movement and is removable ☐ Yes ☐ No

6. Work Station Arrangement

Workspace

- a) Materials and equipment used frequently easily accessed and placed within 16" of reach ☐ Yes ☐ No
b) Materials and equipment used infrequently placed within 16" to 24" of reach ☐ Yes ☐ No
c) Frequently used materials positioned to eliminate harmful posture and motions ☐ Yes ☐ No
d) Documents placed on the same visual plane as the screen to reduce back and forth neck motions ☐ Yes ☐ No
e) Telephone(s) placed within proper reach ☐ Yes ☐ No
f) Majority of reaching motions necessary occur below shoulder height and above knee height ☐ Yes ☐ No

"No" responses may indicate an inadequate work space requiring modification before the Remote Work agreement will be approved.

☐ I certify my remote work location meets all the above requirements in the Safety and Ergonomic Checklist.