



## 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

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  Yes  No
- b) Electrical cords are not frayed or otherwise damaged  Yes  No
- c) Electrical equipment and tools are properly maintained  Yes  No
- d) Computers, peripheral equipment, fax machines, and similar devices are connected to surge protectors  Yes  No

### 2. Fire Protection

#### Smoke Detector

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

#### Fire Extinguisher

- a) A 2A10BC fire extinguisher is available  Yes  No
- b) The fire extinguisher is fully charged  Yes  No
- c) The fire extinguisher is within 10 feet of the teleworking equipment and is easily accessed  Yes  No

### 3. Emergency Procedures

- a) There is an evacuation plan  Yes  No
- b) There is more than one way to exit the workspace (e.g. doors, windows)  Yes  No
- c) There is a fully stocked first aid kit onsite  Yes  No

### 4. Environment

- a) The work area is uncluttered and free of tripping hazards  Yes  No
- b) All equipment is adequately supported and secured to prevent falling  Yes  No
- c) The work area has adequate lighting  Yes  No
- d) Potentially hazardous chemicals are not stored in or around the work area  Yes  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  Yes  No
- b) Thighs are parallel to the floor when seated  Yes  No
- c) Feet are supported and heels are on a flat surface  Yes  No
- d) At least 2” of clearance between thighs and the work surface  Yes  No
- e) Space between the edge of the seat pan and back of knees (approximately the width of a closed fist)  Yes  No
- f) Top of the monitor is at a comfortable height (no need to tilt head forward or backward to view)  Yes  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.