



REMOTE WORK
REQUIREMENTS AND LOCATION AGREEMENT

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Requirements:

- I must be able to perform the responsibilities of my job remotely and without direct supervision
- I must have or have access to the equipment needed to perform the daily functions of my job. A process for loaning District equipment is available if needed
- I must establish a space conducive to productive work and maintain safe work conditions
- I must be available by phone, e-mail, and/or teleconference during my established work hours
- The District will not pay for a district phone. I may be required to transfer my desk phone
- Personal appointments should, as much as possible, not be made during my established work hours. If a personal appointment during work hours is unavoidable I must notify my direct supervisor of the change in my availability prior to the appointment and take appropriate leave
- I must manage dependent care and personal responsibilities in a way that allows for successful meeting of job responsibilities
- If I am unable to perform the responsibilities of my position I must notify my direct supervisor to arrange for leave or to return to the office
- I must be available for, and fully participate in, all on-line or teleconference meetings or have previously approved leave
- I must comply with all safety policies and procedures, including immediately reporting injuries sustained during working hours to my direct supervisor
- If I am unable to complete the responsibilities of my job remotely I will be required to return to my District worksite
- I must read and adhere to all aspects of the Remote Worksite Administrative Procedure
- I must submit a weekly work report form to my supervisor every Friday

My signature below indicates that I have read and agree to the requirements listed above as a condition of remote work. Permission to work remotely is based on the best interest of the District and can be revoked at any time.

Name: _____ Title: _____

Department: _____ Supervisor: _____

Remote work start date: _____

Days and hours of work at remote site: _____

Hours of work at normal assigned place of work: _____

Remote Location Address: _____

**Please notify your supervisor immediately if this address changes*

Established Regular Check-in days / time: _____

Remote Location Phone Number: _____

Signature of Employee: _____ Date: _____

Signature of Supervisor: _____ Date: _____

5/30/23