## **Remote Work Attachment**

Employ	byee Name:	ployee ID
Remote	te Work Process:	
with yo	e submitting a remote work request, you must discuss y your supervisor and obtain the supervisor's consent. Remotive managers at each College and District division to uately support operations and are approved equitably.	ote work requests will be reviewed by the
Remot	te 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 wo	ork.
	Standard If you do not qualify for all criteria, please select Exemption Rec  My accrued vacation balance is below my maximum acc  I do not have an outstanding financial debt to the Distri  I am not currently on a Performance Improvement Plan  My remote location is within the state of California	crual ct
	Exemption Request	
3.	Remote Work Schedule Type:	
the sam	Fixed — A fixed agreement is an ongoing schedule of remote an me recurring pattern of in-person and remote locations. Fixed against duties may be performed in-person or remotely with the s	reements are ideal for employees whose
working	Ad Hoc – An Ad Hoc agreement allows an employee to request ng in person. Ad Hoc agreements are ideal for employees whose ccasionally work on projects or assignments which may be compl	job duties require them to work in person and

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

Day	Start	End			
	Remote Start	Remote End			
Sunday					
Sullday	Onsite Start	Onsite End			
	Remote Start	Remote End			
	nemote start	Kemote End			
Monday	Onsite Start	Onsite End			
,	Grisite start	Onsite End			
	Remote Start	Remote End			
Tuesday	Onsite Start	Onsite End			
	Remote Start	Remote End			
Wednesday					
Wednesday	Onsite Start	Onsite End			
	Remote Start	Remote End			
	Remote Start	Remote End			
Thursday	Onsite Start	Onsite End			
	Remote Start	Remote End			
Friday	Onsite Start	Onsite End			
	Davis da Shart	Damata Fred			
	Remote Start	Remote End			
Saturday	Oursite Stant	Outite Ford			
,	Onsite Start	Onsite End			
N/A Adv. 5					
	□ 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	□ Yes	□ No		
	surge protectors				
2. Fire	Protection				
Smoke D					
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 Extin		= V.a.a	= Na		
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		
2 Em	ergency Procedures				
a)	There is an evacuation plan	□ Yes	□ No		
a) 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	_		
C)	mere is a rully stocked first and kit offsite	□ 1 <b>C</b> 3			
4. En	vironment				
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		□ No		
,					
5. Wo	ork Station Ergonomics				
	ng When Seated				
a)	Forearms and wrists can be parallel to the floor and upper arms resting at sides	□ Yes	□ No		
	when at the keyboard/ work surface				
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	□ Yes	□ No		
	(approximately the width of a closed fist)				

	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		
Chai	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	Supp	ort				
	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. \	Wor	k Station Arrangement				
Wor	kspac					
	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		
		sponses may indicate an inadequate work space requiring modification before the Reent will be approved.	emote \	Work		
$\Box$ I certify my remote work location meets all the above requirements in the Safety and Ergonomic Checklist.						