

Faculty Remote Work Application

**Merced Community College District
(MCCD)**

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Merced Community College District Remote Work Agreement

Working remotely is a privilege. Contact your supervisor to discuss the viability of working remotely.

Employee: _____

Residence Address: _____

Residence Phone: _____ Cell Phone Number: _____
(If applicable)

Area: _____ Supervising Dean: _____

Faculty assignment: Full-time _____ Part-Time _____

Employee Assigned Location:

Merced Campus ☐ Los Banos Campus ☐ Business Resource Center ☐

Other: _____

Building: _____ Office Number: _____

Remote Work Duration (start and end dates) _____

The Dean and the employee have read and understood the Merced Community College District (MCCD) Remote Work Agreement and applicable Policy and Procedures. All parties understand that this Remote Work Agreement may be terminated by the District at any time. The agreement will be reviewed annually. The Dean and the employee have read, understood, completed, and signed all checklists in the appendix prior to participation in the Remote Work program and further agree to the following:

Remote Work Period and Schedule:

This Remote Work Agreement is effective for the period of time that the MCCD Superintendent/President determines that working remotely meets the needs of the institution. Note that having successfully engaged in temporary Remote Work pursuant to this Agreement does not require management to agree to any future arrangements to Remote Work. This Remote Work Agreement may be terminated at any time by the District without any appeal rights.

1. Alternate Workplace-Days when the employee will normally work off-site. This section applies to full-time faculty with a dedicated office space.

a. *Mark the days you propose to work off-site.*

| Monday | Tuesday | Wednesday | Thursday | Friday |
|--------|---------|-----------|----------|--------|
| | | | | |

2. Alternate Workplace-Location: _____

During the duration that you indicate you will work remotely, the District may utilize the vacant office space to provide workspace for other faculty (full or part-time).

The District will provide an open office setting where remote workers, including part-time faculty, can drop in and perform their duties on campus on days when their assigned office is occupied.

While this Remote Work Agreement is in effect, the employee may be required to physically report to their regular work location as directed by the District (i.e. Dean) for meetings called by the District, area meetings, and cohort meetings. While this Remote Work Agreement is in effect, the employee's residence is considered an alternative work location. The employee must perform their regular duties at the alternate work location pursuant to the employee's notice of assignment and faculty load sheet for the applicable term, and be accessible to District employees and students via the manner and technology they designate, which may include a laptop computer, mobile phone, email, messaging application, video conferencing, instant messaging, and/or text messaging, unless otherwise directed by their Dean or the District. Requests for leave, except sick leave, must be approved in advance by the Dean in accordance with established procedures.

In addition, if there is any change in the terms of this Remote Work Agreement, including but not limited to an agreed-upon assignment change approved by the Dean; a change in the equipment, services or software provided, or a change in the agreement regarding their use; or if the information regarding residence, residence telephone number for the employee have changed, such change should be documented and appended to the Remote Work Agreement as soon as practical.

Information Security:

The employee will provide necessary security for both electronic and paper information and will not discuss confidential information with any unauthorized person. In office sharing situations, lockable storage will be provided to ensure privacy of confidential information. The employee will consult with their Dean when security matters are at issue.

Work Effectiveness and Safety:

The employee agrees to:

1. Learn and apply ergonomic safety practices. See Ergonomic Checklist on pages 9-10
2. Establish and maintain a safe home office environment. See Safety Checklist on Page 8
3. Ensure District/College needs take precedence over the home office schedule. Proactively stay in touch with Dean, coworkers and students, as applicable.
4. Ensure the work takes precedence over family and home matters during home office hours.
5. Perform own work and not delegate work to others not employed by the District/College.
6. Minimize interruptions at home and make arrangements for dependent care, if applicable.
7. Keep the home office area where District work is performed clean and free of obstructions.
8. Inform the District immediately and complete all necessary and/or required documents should employee incur a work related injury while working from home.
9. Failure to maintain a proper home work environment, as determined by the District, may lead to termination of the Remote Work Agreement.

Complete the checklists in the addendum, initial below to indicate all addendum checklists have been completed:

Initial: _____ (date) _____

Equipment:

Indicate the equipment you currently have that has been issued by MCCD.

| Equipment Inventory (MCCD provided) |
|--|
| |
| |
| |

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|--|
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| |
| |

Indicate the equipment you would like to request in order to fulfill your duties from home. MCCD may or may not provide the requested equipment depending on available resources and reasonableness of requests. Requests should provide justification for each item, choose from the options below:

- (1) Health and safety
- (2) Necessary for job requirements
- (3) Basic tech equipment needs
- (4) Other (explain)

| Equipment Requested | Justification |
|---------------------|---------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Reimbursement and Resources:

MCCD will pay for the following expenses:

- Maintenance and repairs to MCCD owned equipment. Employee must obtain Dean approval before spending personal funds to maintain or repair District owned equipment. Claims will be submitted on a Payment Request Form along with receipt, bill, or other verification of the expense.
- A drop-in office setting where duties can be performed, this includes facilities for meetings that require privacy.

MCCD will **not** pay for the following expenses:

- Maintenance or repairs of privately-owned equipment.
- Any expenses associated with establishing and maintaining a Remote Work workspace and related telecommunication services.
- Utility costs, including network, energy or data charges, associated with the use of the computer or occupation of the home.
- Equipment supplies (these should be requisitioned through the District.)
- Unauthorized travel expenses.
- Installation of phone line, FAX line or additional data line.

In addition, MCCD will not transport equipment or install or set up a PC in an employee's home.

Other Terms and Conditions:

The employee must make reasonable attempts to create and maintain a safe and healthy work environment. The District shall not be liable for damages to the employee's personal or real property during the course of performance of official duties or while using District equipment in the employee's residence or other property, except where required by law.

The District shall not be responsible for operating expenses, home or property maintenance, or any other incidental costs (e.g. utilities) associated with the employee's participation in the agreement. The employee shall continue to be entitled to reimbursement for authorized travel and expenses while conducting business as assigned by the District per the District's reimbursement policies.

Injuries occurring while the employee is in a paid working status and performing assigned work shall be subject to worker's compensation laws and regulations the same as work performed at a District owned and operated facility. All injuries incurred by Employee during hours that Employee is working, and all illnesses that are job-related, must be reported promptly (within 24 hours) to Company Nurse at 1-877-854-6877. In the case of life-threatening illnesses or injuries, call 911. The District is not liable for any injuries occurring in employee's home workspace outside the agreed-upon work hours and days.

The employee shall comply with all District policies and standards for safeguarding and protecting any confidential business information, student records, personally-identifiable information, and all other sensitive information they possess. The employee shall ensure confidential, student, personally-identifiable, and all other sensitive information discussed via any form of communication is conducted in a manner consistent with District policies and procedures and protects the information from unauthorized disclosure to the maximum extent possible. Any District materials or documents taken home by the employee must be kept in the designated work area at home and not be made accessible to others. The Dean and employee will discuss the safeguards and protections in place and to be used by the employee.

The employee will abide by all District policies and procedures, including all provisions of any applicable collective bargaining agreements.

Application Signatures:

(Employee) _____ (Date) _____

(Supervisor) _____ (Date) _____

_____ Recommends that this application to Remote Work be supported by MCCD

_____ Denies the application to Remote Work

Merced Community College District Remote Work Agreement Signature Form

I have reviewed the Remote Work Agreement, including any appended documents, the Supervisor's Checklist, the Safety Checklist, the Ergonomic Checklist and I understand and reaffirm my agreement with all the terms and conditions contained in those documents; and that, to the best of my knowledge, the information contained therein is true and correct.

Employee's Signature: _____ Date: _____

APPROVED BY:

Dean's Signature: _____

Date: _____

Vice President or Associate Vice President Signature: _____

Date: _____

Merced Community College District Remote Work Dean's Checklist

Name of Employee: _____

Name of Dean: _____

The following tasks must be completed prior to the start of the Remote Work arrangement:

| Tasks | Date Completed |
|--|----------------|
| 1. Employee and Dean have read and agree to abide by the provisions of the MCCD Remote Work Agreement. | _____ |
| 2. Performance expectations have been discussed and are clearly understood. When possible, assignments and due dates are to be documented by the Dean and employee during the term that a Remote Work Agreement is in effect. | _____ |
| 3. Equipment issued by MCCD is documented. | _____ |
| 4. Requirements for care of equipment assigned to the employee have been discussed and are clearly understood. | _____ |
| 5. Requirements for adequate and safe office space at the approved designated work location have been reviewed with the employee, and the employee certifies that those requirements have been met. (Complete attached Safety Checklist) | _____ |
| 6. The employee is familiar with the District's requirements and techniques for computer information security and confidentiality of data and information, and has reviewed BP/ AP3720 – Acceptable Use Policy. | _____ |
| 7. Phone contact procedures have been clearly defined and communicated with Dean. | _____ |
| 8. The employee has read and signed the Employee's Agreement prior to actual participation and has read the board policy and procedure on Remote Work. | _____ |

Employee's Signature: _____ Date: _____

Dean's Signature: _____ Date: _____

Merced Community College District Remote Work Safety Checklist

The following checklist must be completed prior to the beginning of Remote Work.

- _____ Smoke Alarm/Detector (UL Approved)
- _____ Computer Policy reviewed
- _____ Information Security Training Completed
- _____ Uncluttered Work Environment

I certify that my home office meets all of the above requirements.

Employee Signature: _____ Date: _____

Dean: _____ Approved _____ Denied (Provide reason below):

Dean Signature: _____ Date: _____

Merced Community College District Ergonomic Checklist

WE SUGGEST THAT YOUR SUPERVISOR OR KNOWLEDGEABLE EMPLOYEE ASSIST WITH THIS CHECKLIST. CHECK THE APPROPRIATE BOX FOR EACH ITEM.

NOTE: THE ADJUSTMENTS RECOMMENDED IN THIS CHECKLIST MAY NOT BE NECESSARY, SOME ITEMS ARE OKAY AS IS.

| Properly Adjusted | Chair |
|--------------------------|---|
| <input type="checkbox"/> | 1. Adjust the chair height so the feet are flat on the floor and the thighs are approximately parallel to the floor. Use a footrest if necessary. |
| <input type="checkbox"/> | 2. Sitting back in the chair, adjust backrest height to a comfortable position. |
| <input type="checkbox"/> | 3. Adjust the backrest angle, if possible, to a comfortable position. |
| <input type="checkbox"/> | 4. Adjust the seat pan tilt. |
| <input type="checkbox"/> | 5. After making all of the above adjustments, readjust the back-rest height if necessary. |
| <input type="checkbox"/> | 6. Adjust the chair tilt tension, if desired, so the chair can easily shift positions to accommodate user's movement. |
| <input type="checkbox"/> | 7. Adjust armrests if used. Arms should be kept close to your body and lower arms at right angles to upper arm. |

| Properly Adjusted | Work Surface Height |
|--------------------------|---|
| <input type="checkbox"/> | 8. Make sure the chair has been adjusted. |
| <input type="checkbox"/> | 9. Adjust the keyboard height and angle so the wrists are in a neutral (straight) position. |
| <input type="checkbox"/> | 10. Place the mouse where it can be used without reaching. |
| <input type="checkbox"/> | 11. Adjust the work surface (writing/reading surface) height so the shoulders are not raised or slouched when writing or reading. |
| <input type="checkbox"/> | 12. Place most commonly used items, e.g. overhead bins, computer keyboard, monitor, telephone, adding machines, calendar, etc., within easy, comfortable reach. <div style="margin-left: 40px;">(a) Place overhead/hanging bins as close as possible. DO NOT REACH for and remove large binders from bins while seated.</div> <div style="margin-left: 40px;">(b) Turn to face material. DO NOT TWIST torso/trunk when reaching for items.</div> |
| <input type="checkbox"/> | 13. Place all frequently used files within close reach. |
| <input type="checkbox"/> | 14. Place the monitor at an appropriate reading distance |
| <input type="checkbox"/> | 15. Adjust the monitor height so the viewing area is at or slightly below eye level. |
| <input type="checkbox"/> | 16. Adjust monitor angle to face the user's eyes. |

| | |
|--------------------------|---|
| <input type="checkbox"/> | 17. Check for monitor glare. Change or shield the light source if necessary, or use a good quality glare screen. |
| <input type="checkbox"/> | 18. Place work documents about the same distance (3-4 inches difference can usually be tolerated) from the eyes as the monitor. Use document holder or stand if necessary. |
| <input type="checkbox"/> | 19. Adjust the side-to-side document and monitor position to minimize eye and head movement between them. The most often looked at item (document or monitor) should be in the center position. |
| <input type="checkbox"/> | 20. Place the telephone on the desktop closest to where you work most frequently. Use a headset if extended phone time is required. |

| Properly Adjusted | Work Habits |
|--------------------------|--|
| <input type="checkbox"/> | 21. Use the wrist rest to soften the surface under the wrists during pauses. A too-thick or too-high wrist rest can cause additional flexing of the wrists. |
| <input type="checkbox"/> | 22. While keying, move your hand and arm together; use the wrist rest only during pauses. |
| <input type="checkbox"/> | 23. Keep wrists straight when using keyboard. Adjust the keyboard tray height and angle if necessary. A downward slope of the tray may be comfortable. |
| <input type="checkbox"/> | While using the mouse avoid awkward positions of the arms, hands or shoulders. Position the mouse at the same level as the keyboard. (a) A mouse support tray may be used to reduce reaching by allowing the mouse to be used near the keyboard. Mouse platforms or stages can be used to bring the mouse closer if necessary. (b) A wrist rest may be helpful in keeping the wrist from resting on hard surfaces or sharp edges between keying. |
| <input type="checkbox"/> | 25. Use a light touch with the keyboard. |
| <input type="checkbox"/> | 26. Hands should be in a relaxed position on the keyboard. |
| <input type="checkbox"/> | 27. Clean the monitor screen regularly. |
| <input type="checkbox"/> | 28. Change foot position often. Use a footrest to allow for movement and alteration of the legs and feet. |
| <input type="checkbox"/> | 29. Vary your tasks to take frequent breaks away from the keyboard and monitor. |
| <input type="checkbox"/> | 30. Change your body position frequently, readjusting your chair as necessary. |
| <input type="checkbox"/> | 31. Stretch often while sitting or standing to avoid muscle fatigue. |

I certify that my home office meets all of the above requirements, and will attest that I will follow these guidelines.

Employee Signature: _____ Date: _____