Appendix A						
REMOTE WORK ARRANGEMENT READINESS CHECKLIST						
AND EXPECTATIONS FOR EMPLOYEES						
 □ A remote work arrangement will help meet the needs of the District and my respective Department. □ The nature of my job and associated job duties, including working successfully with coworkers and the college 						
☐ My proposed remote work has no adverse impact on:						
The quantity of work produced.						
The quality of work produced.						
Any other employees' work						
 Communication between my supervisor/manager and colleagues. 						
☐ My job duties can be performed during the hours of the remote work arrangement.						
\square Some or all of the essential functions of my position do not require me to be physically present on campus						
\square I understand that that my manager can request an update of assignments and tasks I am working on and/or have completed.						
Equipment and Location						
☐ The District has or will provide me with a laptop computer, software access and other equipment needed to successfully complete my job remotely.						
☐ I can proficiently use all tools necessary to perform my work successfully in a remote setting (Zoom, Teams, Jabber, etc.)						
☐ I keep my Outlook calendar up to date and others have appropriate access to view my availability in order to effectively work with my team and supervisor.						
☐ I have reviewed the ergonomic checklist and understand that it is my responsibility to have an ergonomic						
workspace at my remote work location. If I need additional equipment to ensure a safe workspace due to an						
ergonomic assessment, I will request the equipment from my manager or the appropriate area.						
☐ My remote work location is in the state of California						
Job status						
☐ My current job performance, including attendance and disciplinary record, meets the eligibility standards, and I						
am not on a Performance Improvement Plan.						
☐ I am not on an approved leave of absence.						
\square I have established goals that are in line with my performance evaluation which can also be achieved with a						
flexible work arrangement.						
*Note: If you are able to check all the relevant boxes above, then you may be a candidate for remote work.						
Acknowledgement and Agreement						
☐ I understand that all laws, rules, regulations, and District policies concerning conduct at the central workplace						
remain in full force and effect at my alternative work location.						
☐ I understand that I am responsible for all operating costs, home maintenance, and any other incidental costs						
(e.g., utilities, high-speed internet access, rent, mortgage payments, insurance, taxes) for my alternative work location.						
☐ I agree that the Barstow Community College District is not liable for any damages to personal or real property						
occurring during the course of performance of official duties, except to the extent established by law.						
\square I have read and understand all the terms and conditions of remote work set forth in the policy. I hereby certify						
that I will abide by all the terms and conditions set forth in this agreement and in the policy, and that failure to do so						
may result in my termination from remote work and/or disciplinary action.						
☐ I understand that I may voluntarily terminate my participation in remote work at any time by mutual discussion						

with their immediate supervisor. The District may also terminate my participation in remote work, as set forth in the Remote Work Policy. I understand that if my participation in remote work is ended, I am expected and agree to resume my regular work schedule at my central workplace no more than 15 working days after being notified.

Appendix B REMOTE WORK ARRANGEMENT READINESS CHECKLIST AND EXPECTATIONS FOR MANAGERS

☐ The remote work arrangement for the requesting employee meets the needs of the District and the respective Department.
\Box The nature of the requesting employee's job and associated job duties, including working successfully with coworkers and customers, are suitable to a remote work arrangement.
 The proposed remote work has no adverse impact on: The quantity of work produced.
The quality of work produced.
Any other employees' work
 Communication between my supervisor/manager and colleagues. My job duties can be performed during the hours of the remote work arrangement.
 □ Some or all of the essential functions of my position do not require me to be physically present on campus □ My ability to supervise and validate the requesting employee's work and performance will not be impacted.
Equipment and Location
☐ I have or will request a laptop computer, software access and other equipment needed to enable the requesting employee to successfully their complete job remotely.
☐ I can proficiently provide the necessary tools and resources for my staff to work successfully in a remote location (Zoom, Teams, Jabber, etc.)
\Box The requesting employee's calendar is up to date and others have appropriate access to view their availability in order to effectively work with the team.
\square I have provided an ergonomic checklist to the requesting employee.
Job Status
 □ The requesting employee's current job performance, including attendance and disciplinary record are acceptable under the criteria in the policy and the employee is not currently on a Performance Improvement Plan. □ The requesting employee is not on an approved leave of absence. □ I have an established plan or guidelines to manage remote work employees who report to me. □ I have considered the potential impact to the work group, the Department, and the District.

*Note: If you are able to check all the relevant boxes above in reference to the requesting employee, then that employee may be a good candidate for remote work.

Appendix C REMOTE WORK ARI	RANGEMENT REQUEST	FORM		
EMPLOYEE NAME:			_	
POSITION TITLE:	DEPARTMENT:			
Please identify your	schedule for each loca	ation below.		
Day of Week		Location		
	On Campus	Remote		
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
at or before the end I request that my Temporary remote calendar days in ler I request a temp I understand that the Remote Work P	d of each agreement do y hybrid remote work s work arrangements du igth and one instance p orary remote work arr his request will be cons olicy, and can only be	uration. Schedule become se to unforeseen per year may be angement that w idered and appr reevaluated by t	the review panel and process as outlined in the	
	edure (AP). My work a	rrangement doe	es not change my employment status with the District.	
Employee				
NAME:				
SIGNATURE:				
DATE:				

Supervisor				
NAME:				
SIGNATURE:				
DATE:				
□ APPROVED	□ NOT APPROVED			
COMMENTS:				
Area Vice President				
NAME:				
SIGNATURE:				
DATE:				
□ APPROVED	□ NOT APPROVED			
COMMENTS:				