Remote Work Supervisor’s Checklist

*(Review with Employee)*

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| --- | --- |
| Employee Name: |  |
| Supervisor Name: |  |

By checking each box below, I am attesting that I (the supervisor) have completed the required items for which I am responsible.

|  |  |
| --- | --- |
|  | The Remote Work MOU and Procedures has been reviewed. Additional information or assistance that is necessary has been discussed/provided. |
|  | Performance expectations have been discussed and are clearly understood. Assignments and due dates are to be documented by the supervisor and employee during the period of time in which the Remote Work Application is approved and in effect. |
|  | Equipment issued is documented appropriately. Note: Supervisors are to emphasize that the employee must follow the guidelines on the checkout forms used for IT equipment, which includes that the employee is responsible for loss, damage and improper use of district-issued equipment. |
|  | Requirements for care of equipment assigned to the employee have been discussed and are clearly understood. |
|  | Requirements for adequate and safe office space have been reviewed with the employee, and the employee certifies that those requirements have been met via the Remote Work Safety Self-Attestation. |
|  | The employee is familiar with SJECCD’s requirements and techniques for computer information security and confidentiality of data and information and has access to the SJECCD Computer Use Board Policy (BP) 3720 and Computer Use Administrative Procedure (AP) 3720. |
|  | Phone and other contact/communication procedures have been clearly defined. |
|  | The employee has read and signed the Remote Work Application and all other required documentation prior to actual participation in the program. |
|  | The required trainings have been completed. |
|  | The employee has all the required tools as described in the Remote Work Application in place/accessible at the remote worksite. |

### **SIGNATURES**

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| Employee Signature |  | Date |
|  |  |  |
| Supervisor Signature |  | Date |