



Employment and Human Services Department Remote Work Request and Decision Form

Part I – To be completed by Employee

Employee Name: _____ Job Title: _____ Employee ID: _____
 Department/Bureau: _____ Supervisor's Name: _____
 Official work Location/Unit: _____

This request is for a remote working schedule.

Proposed start date: _____ Proposed end date: _____

I request that I be permitted to work remotely as proposed below. I acknowledge that this is just a proposal.

Proposed Work Schedule

Day	Work Hours	Location
Monday		<input type="checkbox"/> Office <input type="checkbox"/> Remote
Tuesday		<input type="checkbox"/> Office <input type="checkbox"/> Remote
Wednesday		<input type="checkbox"/> Office <input type="checkbox"/> Remote
Thursday		<input type="checkbox"/> Office <input type="checkbox"/> Remote
Friday		<input type="checkbox"/> Office <input type="checkbox"/> Remote
Saturday		<input type="checkbox"/> Office <input type="checkbox"/> Remote
Sunday		<input type="checkbox"/> Office <input type="checkbox"/> Remote
Total Number of Hours		

Remote Work Logistics

Phone number(s) to be used for conducting County business during remote work hours: For Supervisor/Co-Workers: For Customers/Vendors, etc.:	Remote Work Address:
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Proposed Remote Work Assignments

See attachment for additional information.

Employee Signature

I have read the Remote Work Policy and Contra Costa County Administrative Bulletin 541 and agree to comply with all provisions in these documents and in this Remote Work Request and Decision Form and am requesting approval for remote work.

Signature of Employee

Date

Part II – To be completed by Employee/Supervisor

REMOTE WORK PLAN

Day	Work Hours	Location
Monday		<input type="checkbox"/> Office <input type="checkbox"/> Remote
Tuesday		<input type="checkbox"/> Office <input type="checkbox"/> Remote
Wednesday		<input type="checkbox"/> Office <input type="checkbox"/> Remote
Thursday		<input type="checkbox"/> Office <input type="checkbox"/> Remote
Friday		<input type="checkbox"/> Office <input type="checkbox"/> Remote
Saturday		<input type="checkbox"/> Office <input type="checkbox"/> Remote
Sunday		<input type="checkbox"/> Office <input type="checkbox"/> Remote
Total Number of Hours		

REMOTE WORK ASSIGNMENTS

See attachment for additional information.

TRAINING ASSIGNMENTS

1. CCC Office Ergonomics Awareness Training	Complete By:
2.	Complete By:

EQUIPMENT

Once approved, the employee will receive the following tools and equipment for remote work use:

1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

Employee and manager/supervisor have met and completed/reviewed the above work schedule and work assignments and Employee agrees to abide by same. Employee acknowledges:

- They have read the Remote Work Policy and Contra Costa County Administrative Bulletin 541 and agrees to comply with all provisions in the policy, Responsibility Statement and in this Request and Decision Form.
- That remote work assignments may be modified from time to time pursuant to instructions in writing from Manager/Supervisor.
- That they are not allowed to modify their schedule and are not authorized to work overtime without prior written approval from Manager/Supervisor.

This work plan will become effective on _____ and continue until: (Specify Date) * _____.

Part VI – To be completed by The County Administrator’s Office

***Only for requests where the employee is scheduled to work more than 50% or twenty hours of their weekly assignments remotely:**

I have reviewed the final work plan and said plan is Approved Denied

Signature of County Administrator (or designee)

Date