

## Employment and Human Services Department Remote Work Request and Decision Form

Part I – To be completed by Employee									
Employee Name: Department/Bureau: Official work Location/Unit:	Job Title: Supervisor's Name:		Employee ID:						
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	Wor	k Hours		Location					
Monday Tuesday				Office Remote					
Wednesday Thursday				Office     Remote       Office     Remote					
Friday Saturday				Office Remote					
Sunday Total Number of Hours				Office Remote					
Remote Work Logistics									
Phone number(s) to be used for c remote work hours: For Supervisor/Co-Workers: For Customers/Vendors, etc.:	onducting County business during	Remote Work Address:							
Proposed Remote Work Assignments									
□ See attachment for additional									

nave read the Remote	Employee Signatur Work Policy and Contra Costa County Administrative Bull	'e Iletin 541 and agree to comply with all provisions in these				
	emote Work Request and Decision Form and am request	• • • •				
ignature of Employee		Date				
	Part II – To be completed by Fr	nnlovee/Supervisor				
Part II – To be completed by Employee/Supervisor REMOTE WORK PLAN						
Day	Work Hours	Location				
Monday		Office Remote				
Tuesday		Office Remote				
Wednesday		Office Remote				
Thursday		Office Remote				
Friday		Office Remote				
Saturday Sunday		Office Remote				
Sunday Total Number of Hours		OfficeRemote				
	REMOTE WORK ASSIGNM	<b>MENTS</b>				
□ See attachment for	additional information.					
	TRAINING ASSIGNM					
1. CCC Office Ergo	TRAINING ASSIGNM nomics Awareness Training Complete	е Ву:				
	TRAINING ASSIGNM nomics Awareness Training Complete Complete	е Ву:				
1.     CCC Office Ergo       2.	TRAINING ASSIGNM onomics Awareness Training Complete Complete EQUIPMENT	e By: e By:				
1.       CCC Office Ergo         2.         Once approved, the end	TRAINING ASSIGNM onomics Awareness Training Complete Complete EQUIPMENT nployee will receive the following tools and equipment for	e By: e By:				
1.       CCC Office Ergo         2.         Once approved, the end         1.	TRAINING ASSIGNM onomics Awareness Training Complete Complete EQUIPMENT	e By: e By:				
1.       CCC Office Ergo         2.         Once approved, the en         1.         2.	TRAINING ASSIGNM onomics Awareness Training Complete Complete EQUIPMENT nployee will receive the following tools and equipment for 6.	e By: e By:				
1.       CCC Office Ergo         2.         Once approved, the en         1.         2.         3.         4.	TRAINING ASSIGNM onomics Awareness Training Complete Complete EQUIPMENT nployee will receive the following tools and equipment for 6. 7. 8. 9.	e By: e By:				
1.       CCC Office Ergo         2.         Once approved, the en         1.         2.         3.         4.	TRAINING ASSIGNM onomics Awareness Training Complete Complete EQUIPMENT nployee will receive the following tools and equipment for 6. 7. 8.	e By: e By:				
1.       CCC Office Ergo         2.         Once approved, the en         1.         2.         3.         4.         5.         mployee and manager/	TRAINING ASSIGNM onomics Awareness Training Complete Complete EQUIPMENT nployee will receive the following tools and equipment for 6. 7. 8. 9.	ie By: ie By: or remote work use:				
1. CCC Office Ergo         2.         Once approved, the end         1.         2.         3.         4.         5.         mployee and manager/         grees to abide by same         • They have read the lin the policy, Resport         • That remote work as	TRAINING ASSIGNM         onomics Awareness Training       Complete         complete       Complete         EQUIPMENT       EQUIPMENT         nployee will receive the following tools and equipment for       6.         7.       6.         9.       10.         Vsupervisor have met and completed/reviewed the above       9.         10.       10.         Remote Work Policy and Contra Costa County Administrations       10.         nsibility Statement and in this Request and Decision Form       10.	e By: or remote work use: e work schedule and work assignments and Employee ative Bulletin 541 and agrees to comply with all provisions n. t to instructions in writing from Manager/Supervisor.				
1. CCC Office Ergo         2.         Once approved, the end         1.         2.         3.         4.         5.         mployee and manager/grees to abide by same         • They have read the lin the policy, Respor         • That remote work as	TRAINING ASSIGNM         inomics Awareness Training       Complete         Complete         EQUIPMENT         nployee will receive the following tools and equipment for         6.       6.         7.       8.         9.       10.         Completed/reviewed the above         Completed/reviewed the above         Completed/reviewed the above         Supervisor have met and completed/reviewed the above         Completed/reviewed the above         Completed/reviewed the above         Supervisor have met and completed/reviewed the above         Completed/reviewed the above         Complete         Complete         Supervisor have met and completed/reviewed the above         Completed/reviewed the above	e By: or remote work use: e work schedule and work assignments and Employee ative Bulletin 541 and agrees to comply with all provisions n. t to instructions in writing from Manager/Supervisor.				

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Signature of Employee	Date	Signature of Supervisor	Date
*Subje	ct to right of termination by o	either Employee and/or Supervisor/Manager a	an earlier date
	Part III – To be	completed by Supervisor/Manager	
ased on the Remote Work Po	licy and the proposal of the E	Employee herein, I recommend:	
Employee's request be app	proved.		
Employee's request be co	ntingently approved (pendin	g verification of ergonomic set-up).	
Employee's request for rer	mote work be denied becaus	e:	
Request will not main         Request will not enable         Employee not in comp         Job performance does         Job performance does         Employee cannot dem         Employee cannot atte	tain or improve service delive le continued performance of oliance with County and depa s not demonstrate the ability s not meet or exceed expecta nonstrate that they have an a	artment rules, regulations and policies to work independently ations appropriate remote work site note work or failed to successfully complete sai	
Signature of Supervisor		Date	
Signature of Manager		Date	
	e's request and manager/sup	be completed by Bureau Director pervisor's recommendation. Based on this revie Contingently Approved, pending verification o	
Signature of Bureau Director		Date	
Signature of Bureau Director			
	ne employee's required photo	os and determined the contingent approval sho	ould be 🗌 Rescinded 🗌 Approved.
_		os and determined the contingent approval sho	ould be 🗌 Rescinded 🗌 Approved.
N/A   I have reviewed th		Date	ould be 🗌 Rescinded 🗌 Approved.
N/A   I have reviewed th	Part V – To be co	Date Ompleted by Department Head	ould be 🗌 Rescinded 📄 Approved.

Part VI – To be completed by The County Administra	tor's Office
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\*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  $\ \square$  Approved  $\ \square$  Denied

Signature of County Administrator (or designee)

Date