



SMCOE MANAGERS REMOTE WORK APPLICATION and SAFETY CHECKLIST

Instructions: Complete this application and submit a copy to your direct supervisor for review. A meeting will be scheduled to discuss the application. With appropriate use of technology and managerial oversight, eligible management staff whose roles allow for some work hours to be performed away from their regular work location may be eligible for Remote Work arrangements. The completed and approved application will be kept on file by the supervisor.

Name: _____

Proposed remote work site: Home Other (describe): _____

Remote work address: _____

City: _____ State: _____

Remote work phone number: _____

Requested date to begin remote work: _____

Details of Proposed Remote Work

Which day do you propose to do remote work? (Remote work is authorized for no more than one day during each two-week period and remote work is not authorized on _____ (insert day(s) of week) or when _____ (insert type of regular meeting) meetings take place as determined by department):

Requested day of week: _____

Note: Schedule monthly check-ins with supervisor to measure productivity.

Do you have dependents requiring care during remote work hours? _____

(Childcare or elder care must be arranged during the time that you work remotely to ensure you meet all of the requirements that would apply if you were working from the office.)

If yes, please describe the arrangements that you propose for such dependent care during remote work hours.

What arrangements do you propose for administrative assistant support/communication during remote work days?

Describe how you will sustain and enhance client service standards while you conduct remote work.

Remote Work Safety Checklist

This checklist is to assist you in assessing the overall safety of your remote work location. Please answer all questions that are applicable to your remote work location and include an explanation for any questions that are inapplicable.

General Work Environment

- All work areas are clean and orderly. Yes No
- All work areas are adequately illuminated. Yes No
- Aisles and passageways are kept clear. Yes No
- All extension cords have grounding conductor. Yes No
- Connection to internet is secure (router is password protected). Yes No
- Workstation has up-to-date anti-virus software installed. Yes No

Ergonomics

- Neck and shoulders are not stooped to view tasks.
There are no pressure points on any parts of the body
(wrists, forearms, back of thighs, etc.). Yes No
- Work can be done without twisting or excessive bending
of the lower back. Work materials are shaped, positioned,
and handled comfortably. Yes No
- All furniture is adjusted, positioned, and arranged to minimize
strains on all parts of the body..... Yes No
- Chair supports back and feet are on the floor when seated. Yes No
- There is adequate leg room when seated. Yes No
- Work can be performed without eye strain or glare..... Yes No
- Keyboard and mouse are at an appropriate level..... Yes No
- Commonly used items (e.g., telephone, paper, pens, etc.)
are within easy reach..... Yes No

Emergency Preparedness

A portable fire extinguisher is on site. Yes No

Employee knows how to use fire extinguisher. Yes No

Extinguishers are free from obstructions or blockages. Yes No

Employee knows the location of all exits. Yes No

Employee's Initials: _____ Date: _____