

**Clinton County Board of Developmental Disabilities (CCBDD)
Remote Working Application and Agreement**

Name	Department	Job Title

In order to qualify to Remote Work, the following conditions must be met:

- I have received proficient or higher in all areas on my most recent Performance Evaluation; and
- I do not need any specialized equipment, furniture, and/or supplies at either the alternate work location or the current office space that would result in excessive cost to the CCBDD.

I have been disciplined in the past 18 months: Yes No If yes, please explain:

I am voluntarily requesting to participate in the Remote Program for the following reasons:

Nature of the work to be performed:

I request to participate in the Remote Program for the following date(s):

WORK LOCATION/SCHEDULE

1. My alternate work location is: _____
2. I can be reached at the following phone number while working at the alternate location: _____
3. I will provide a complete and accurate accounting of specific times worked remotely, including all starting and ending times and times taken for breaks and meal periods.

CHILD CARE REQUIREMENTS

1. If approved to work remotely, I will not utilize this time to care for my dependents.
2. I will arrange for childcare as if I were working at the CCBDD office location.

EQUIPMENT/EXPENSES

1. When a computer is needed to work remotely, I will only use a CCBDD owned computer.
2. To qualify for remote working, I will have an internet connection and be able to connect remotely from the location. For internet connectivity, I understand that I may use my board-issued cell phone hotspot, my personal password protected wifi, or a password protected wifi that is provided by a trusted source (i.e. training site, another government entity, etc.). If unable to connect remotely and/or my equipment malfunctions preventing me from working remotely, I will report to the office.
3. I am responsible for maintaining and securing any employee provided equipment.
4. The CCBDD will not be liable for damages to my personal or real property during the course of performance of official duties in my residence.
5. The CCBDD will not be responsible for operating costs, home maintenance, homeowner's liability insurance, nor any other incidental costs (e.g., utilities) associated with the use of my residence as an alternate work location.

SAFETY

1. I understand that I am covered by the appropriate provisions of the State of Ohio Worker's Compensation and may be eligible for Workers' Compensation in the event of an injury or illness arising while performing my official duties on CCBDD property or the alternate work location.
2. I agree that if the alternate work location is my home, it is appropriately insured (homeowners or renter's insurance).
3. I attest that the alternate work location is safe and free from hazards.
4. I agree to immediately notify my supervisor of any accident or injury occurring while working at the alternate work location.
5. My supervisor will investigate all accident and injury reports immediately following notification.

EMPLOYEE ACKNOWLEDGEMENTS

1. I understand that my supervisor must review and approve my work schedule and that I may not make changes to my schedule without prior approval of my supervisor.
2. I understand that the CCBDD may terminate this agreement at any time. I may terminate this agreement with the CCBDD at any time.
3. I understand that if my productivity falls below the standard, my remote working privilege may be revoked.
4. I assume sole responsibility for ensuring that no other person, other than authorized CCBDD employees, has access to any information or data stored in the CCBDD's computers.
5. I have received a copy of the CCBDD Working from Home or Other Location Policy (4.05).
6. I acknowledge that I have read and understand the terms and conditions of this agreement and I agree to follow the terms and conditions as outlined in the policy.

INITIATION OF AGREEMENT

1. I understand that I will remain subject to, and agree to adhere to, applicable CCBDD policies and procedures.
2. The CCBDD concurs with employee participation and agrees to adhere to applicable CCBDD policies and procedures.

Employee's Signature	Date

Supervisor's Signature	Date
<input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended	

Superintendent's Signature	Date
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	