

Employee Name: \_\_\_\_\_

St. Clair County Community Mental Health

Assessment for Remote Work

Employee Assessment

Date of Assessment: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Classification (Grade Level): \_\_\_\_\_

Program/Department: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Hours worked per week: \_\_\_\_\_

Office location(s) regularly worked at: (select all that apply)

- Capac Child & Family Services Electric Avenue Marine City – Broadway St. Marine City – King Rd.

Summary of your work tasks & responsibilities:

Four horizontal lines for writing summary of work tasks and responsibilities.

Do you provide any of the following: (if you answer "yes" to any of the questions below, please provide a brief explanation.)

Provide direct services? Yes No

If yes, please explain: \_\_\_\_\_

Provide in-home direct services? Yes No

If yes, please explain: \_\_\_\_\_

Provide support for other departments? (i.e., Clerical, Data, Finance, etc.) Yes No

If yes, please explain: \_\_\_\_\_

List of tasks you must do in person: (i.e. facilitate groups)

Four horizontal lines for listing tasks to be done in person.

List of tasks you can do remotely: (i.e., follow-up calls)

Four horizontal lines for listing tasks that can be done remotely.

Proposed Remote Work Schedule

Requested effective date: \_\_\_\_\_

Table with 3 columns: Day of the Week, In Office Work Hours, Remote Work Hours. Rows include Monday through Friday and a Total Hours for the Week row.

Employee Name: \_\_\_\_\_

Is this a request to temporarily work from home?  Yes  No

If yes, please explain: \_\_\_\_\_

Proposed temporary timeframe: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Additional Comments/Notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee Signature

Date

### Supervisor Assessment

**Instructions:** Please answer "yes" or "no" to the questions below, to help determine the employee's ability to work remotely. When applicable, please utilize the explanation line after each question to include any relevant details to provide rationale for your response.

Employee has successfully passed probation.

Yes  No Explain: \_\_\_\_\_

Employee's past performance history is satisfactory.

Yes  No Explain: \_\_\_\_\_

Employee holds a position (including program/department and specific work tasks) that is conducive to working remotely.

Yes  No Explain: \_\_\_\_\_

Employee has a demonstrated conscientiousness about work time, is self-motivated and has the ability to work well alone.

Yes  No Explain: \_\_\_\_\_

Employee communicates effectively with supervisors, co-workers, support staff, and individuals receiving services.

Yes  No Explain: \_\_\_\_\_

Additional Comments/Notes:

\_\_\_\_\_  
\_\_\_\_\_

### Remote Work Decision

Employee has been  **Approved**  **Denied** for a Remote Working Arrangement.

Approved as requested by employee.

Approved with the following modifications: \_\_\_\_\_

Effective date of remote work: \_\_\_\_\_ Anticipated end date (no more than 1 year): \_\_\_\_\_

Employee will document work time and tasks as follows:

In OASIS (both in-office and remote work hours)  Using Task Tracker ([form #0383](#)) for remote work hours

Comments/Notes:

\_\_\_\_\_  
\_\_\_\_\_

Supervisor has reviewed with the employee the Remote Work requirements and expectations, and all documents have been signed accordingly. Supervisor understands that it is the employee's responsibility to submit signed documents to the HR Department email address.

Employee Name: \_\_\_\_\_

All documents must be received by HR prior to the employee beginning their remote work schedule.

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

.....  
**Termination of Arrangement**

Remote Working Arrangement is terminated effective: \_\_\_\_\_

\_\_\_\_\_  
Authorizing Signature

\_\_\_\_\_  
Date

## St. Clair County Community Mental Health Remote Work Agreement

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Date of Remote Work Approval: \_\_\_\_\_

By agreeing to work remotely, it is understood and agreed upon that:

- This Remote Work Agreement must be filed with the Human Resource (HR) Department prior to the start of remote work.
- All employees approved for remote work will comply with the terms and conditions set forth in SCCCMH’s Working Remotely policy ([#06-001-0165](#)).
- All confidentiality and HIPAA policies and regulations apply, regardless of whether employees are working remotely or at the office.
- Employees working remotely must adhere to the same safety protocols as they would at the Agency’s offices, and must complete, sign, and return the Remote Work Safety Checklist to the HR Department.
- Employees are solely responsible for any increase in utility costs associated with preparing and maintaining a remote work location, including the cost of internet access.
- Employees are responsible for contacting their insurance agent and a tax consultant as well as consulting local ordinances for information regarding home workplaces.
- Employee performance and productivity expectations will be agreed upon with the supervisor prior to the start of remote work.
- Employees will participate in regularly scheduled meetings either via teleconference call/video or in person, at the discretion of their supervisor.
  - Employees are expected to be flexible in scheduling off-site work to allow for in-person attendance at meetings to maintain working relationships with co-workers and as directed by their supervisor.
- Employees will remain accessible during scheduled work hours by both email and telephone. An email request or directive from a supervisor/management should be responded to within 1 hour, and phone calls or texts responded to within 30 minutes.
  - If providing a direct service, it is expected to return phone calls or texts within 30 minutes of completing the direct service.
- Employees called into work by their supervisor will report in office within 1 hour of the request (or within a timeframe agreed upon with the supervisor).
- Direct service staff are to document their work time in OASIS, while non-direct staff are to utilize SCCCMH form [#0383 Staff Task Tracker](#), if required by their supervisor.
- Employees will continue to document time in ADP and to follow all policies relating to work time and time off.
- Employees will comply with all SCCCMH rules, policies, practices, and instructions that would apply if the employee were working on-site.
- Employees acknowledge that the opportunity to work remotely is not an employee right and such approval can be terminated at any time without cause.

Failure to comply with the above requirements may result in termination of the approval to work remotely and/or disciplinary action.

By signing below, I acknowledge and agree to the terms of this agreement:

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

**St. Clair County Community Mental Health**  
**Remote Work Safety Checklist**

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Please complete this checklist to identify any hazards in your home-based workspace. Our goal is to help you identify any safety concerns that can be corrected.

**Please answer “yes” or “no” to the following questions in regard to your Remote Work Site:**

1. The workstation is away from noise, distractions, and is devoted to your work needs.  
 Yes                       No
2. The employee has secured electrical cords and any other items that may pose a slip/trip hazard.  
 Yes                       No
3. Any extension cords and/or power strips in use are not “daisy-chained.”  
 Yes                       No
4. The employee has secured all carpets, rugs, or floor tiles so they do not pose a slip/trip hazard.  
 Yes                       No
5. The employee has closed file cabinet and desk drawers so that the cabinet is not a tipping hazard.  
 Yes                       No
6. The workstation is free of excessive combustibles (i.e., flammable liquids, trash, clutter, etc.).  
 Yes                       No
7. There is adequate lighting to see the workstation, paperwork, and other work-related items.  
 Yes                       No
8. The workstation is set up ergonomically:
  - a. Both feet rest flat on the floor (or on a raised platform) so that feet are flat, and knees are bent at a right angle.  
 Yes                       No
  - b. The employee’s chair seat is comfortable, and the employee is able to sit back in chair fully.  
 Yes                       No
  - c. When utilizing the computer mouse or keyboard, the employee’s forearms are close to parallel to the floor.  
 Yes                       No
  - d. A wrist rest is in use (if needed) to ensure that wrists maintain a neutral position (i.e., straight) when typing.  
 Yes                       No
  - e. The employee is able to view their computer screen at fingertip distance when lightly extending their arm straight out (no shoulder extension).  
 Yes                       No
  - f. Computer screen is at the proper height, so that the neck is not bent up or down when viewing.  
 Yes                       No
  - g. The computer mouse is able to be used in a spot that does not require the employee to excessively extend their arm way from the body.  
 Yes                       No

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Employee Signature

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Date