



COVID-19
Temporary
SJH Remote Work/Flexible Schedule/Time Off
Manager/Employee Assessment and Agreement

This form needs to be completed by the Director/Manager, prior to discussion with employee.

Employee Name: _____ Employee ID number: _____ Title: _____

Director/Manager Name: _____ Department: _____ Cost Center: _____

Employee Address _____
Street City, State and Zip Code

Home Space Telephone Number: _____ Cell Phone Number: _____

Accommodation Request:

- Flexible Schedule Remote Work (full schedule) Remote Work (partial schedule)
 Time Off

What is the specific accommodation the employee is requesting? _____

What is the reason the employee is requesting this accommodation? _____

Accommodation to begin (date): _____

Accommodation to end (date if known): _____

**This agreement must be approved in accordance with SJH policies and must maintain and work within the operational guidelines necessary for your specific role and can be terminated or modified at any time at the discretion of SJH.*

For Employees Requesting to Work from Home

The manager needs to complete the section below:

Remote Work Arrangement Program Eligibility Assessment:

Job Criteria	Check One		Comments (Optional)
	<u>Yes</u>	<u>No</u>	
Majority of work can be performed remotely			
Work is information-based			
Work requires minimal face-to-face contact			
Productivity can be monitored and measured easily			
Employee works alone on assignments such as reports, research or analysis etc.... examples of job function(s) that can be performed from home include: <input type="checkbox"/> Data Entry <input type="checkbox"/> Troubleshooting/Programming <input type="checkbox"/> Analysis <input type="checkbox"/> Audits <input type="checkbox"/> Transcription/Coding <input type="checkbox"/> Project Management			
Employee Criteria			
Employee has direct patient care			If yes, ineligible for remote work
A record of meets standards or above for performance			
Responsible, reliable and effective communicator			
Self-directed and motivated – demonstrates ability to manage own time and work			
Has the necessary technology to work remotely (internet access, computer)			
Knowledge of St. Joseph's Health policies and procedures			
Designated work area available			
Manager recommends employee for remote work			

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For Employees Requesting a Flexible Shift

Employee Work Information:

What tasks/pieces of my job can be performed remotely: _____

What external contacts do I need to interact with to perform my job duties? _____

What percentage of my job is based on interaction with external contacts? _____

What are the hours of operation of those external contacts? _____

What percentage of my job can I accomplish on my own (without interaction with others): _____

Flexible Schedule Request

I am requesting the following flexible schedule:

Sunday hours: _____

Monday hours: _____

Tuesday hours: _____

Wednesday hours: _____

Thursday hours: _____

Friday hours: _____

Saturday hours: _____

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For Employees who have been approved for Work from Home or a Flexible Schedule

**COVID-19
Temporary Remote Work/Flexible Schedule**

Key Agreement Terms:

You must remain in good standing, meeting all performance requirements established for your job.

All laws, policies and procedures for data security remain in effect. Any security issue is to be reported immediately to your manager and IT.

SJH determines and may supply the equipment to be used for this temporary Remote Work Arrangement Program. The employee is responsible for maintaining that equipment and must pay for any lost/stolen/damaged equipment.

All time worked must be recorded accurately and at the time the work is performed. There is no "off the clock" work time for non-exempt employees.

The SJ Help Desk can be contacted at 973.754.4494

I have read and understand the terms of this temporary Remote Work Arrangement and Flexible Schedule Program. I have met all the requirements identified for the specific type of Remote Work Arrangement Program or Flexible Schedule Agreement.

Employee: _____	_____	_____
Print Name	Signature	Date

Approved for temporary Remote Work Arrangement or Flexible Schedule:

Director/Manager: _____	_____	_____
Print Name	Signature	Date

Email

Vice President: _____	_____	_____
(if applicable) Print Name	Signature	Date

**Submit the completed form to Sergio Sanchez, HR
For Employees Requesting Time Off and Unable to Work from Home or a Flexible Schedule**

**This agreement must be approved in accordance with SJH policies and must maintain and work within the operational guidelines necessary for your specific role and can be terminated or modified at any time at the discretion of SJH.*



COVID-19 Request for Time Off*

This form needs to be completed by the Director/Manager and employee.

Employee Name: _____ Employee ID number: _____ Title: _____

Director/Manager Name: _____ Department: _____ Cost Center: _____

Employee Address _____
Street City, State and Zip Code

Home Space Telephone Number: _____ Cell Phone Number: _____

Accommodation Request:

Time off

What is the specific accommodation the employee is requesting? _____

What is the reason the employee is requesting this accommodation? _____

Employee Attestation

I attest that I have a personal hardship and I am unable to work remotely or flex my schedule to meet my work requirements and have no other option than to request time off.

I understand that this time off request is temporary and I will be expected to return to work upon immediate resolution of my hardship in connection with Covid-19

Employee: _____
Print Name Signature Date

Approved for temporary time off:

Director/Manager: _____
Print Name Signature Date

Email

Vice President: _____
(if applicable) Print Name Signature Date

Submit the completed form to Sergio Sanchez, HR

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Manager/Employee Assessment and Agreement – Copy to be placed in employee file
Revised March 15, 2020

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Manager/Employee Assessment and Agreement – Copy to be placed in employee file
Revised March 15, 2020