

## **REMOTE WORK PLAN**

Employee Information:
Name:
Job Title:
Department/Program:
Manager:
Alternate Phone & Method of Contact:
JCCA Mobile Device/Equipment:
Remote Work Schedule:
Days:
Hours:
Job Responsibilities: Please attach employee job description.  1) Describe below any aspects of the job that the Employee cannot perform remotely. (e.g., home visits, client trainings, etc.)
2) How will the Employee complete the functions listed above?  (e.g., employee will continue home visits, employee will report to work for scheduled trainings etc.)
(e.g., employee will continue home visits, employee will report to work for scheduled training