



Return to Campus Work Location Plan

The following constitutes the terms and conditions of a Return to Campus Work Location Plan, hereinafter known as the "Plan," between the College of the Siskiyou, hereinafter referred to as the "District," and the designated employee.

Employee:

Name: _____ Employee # _____

Phone: _____ Email Address: _____

Supervisor:

Name: _____ Employee # _____

Phone: _____ Email Address: _____

Permanent Work Assignment Location:

Main Campus – Weed Yreka Campus

Current Alternative Work Location:

Home Other

Address: _____

City: _____ State: _____ Zip Code: _____

Alternate Work Location Contact Information:

Phone: _____ Cell Phone: _____ Email Address _____

Hybrid Transition Phase Timetable:

Return to Campus Start Date (Alternating Schedule)

Start Date: _____ End Date: _____

Return to Campus (Fulltime Onsite)

Start Date: _____

Hybrid Transition Phase Work Schedules: Alternating Remote & Onsite, and Resumption of Fulltime Onsite

Work Schedule: Alternating

In Office Day(s): M T W Th F S Su

Work Hours: _____ Campus Hours: _____

At Home Day(s): M T W Th F S Su

Work Hours: _____ Remote Hours: _____

Total Hours: _____

Work Schedule: Full Time Onsite

In Office Day(s): M T W Th F S Su

Work Hours: _____ Total Hours: _____

Return Plan for District-Provided Equipment (please check) and Supplies Provided:

| Equipment: | Describe Type and Identification Number/Time frame for Return: |
|---|---|
| <input type="checkbox"/> Laptop | _____ |
| <input type="checkbox"/> Docking Station | _____ |
| <input type="checkbox"/> Monitor / Webcam | _____ |
| <input type="checkbox"/> Keyboard and Mouse | _____ |
| <input type="checkbox"/> Scanner | _____ |
| <input type="checkbox"/> Printer | _____ |
| <input type="checkbox"/> Fax | _____ |
| <input type="checkbox"/> Surge Protector | _____ |
| <input type="checkbox"/> Internet Connection | _____ |
| <input type="checkbox"/> Landline Telephone | _____ |
| <input type="checkbox"/> Cellphone | _____ |
| <input type="checkbox"/> Personal Digital Assistant (PDA) | _____ |
| <input type="checkbox"/> Office Chair & Supplies | _____ |

Physical Distancing and Safety Resources Strategy:

Additional Terms and Conditions

- 1) This agreement is for a formal Return to Campus Work Location Plan, hereinafter known as the “Plan,” for the District’s Reopen Siskiyou Phases Yellow and Green.
 - a) The employee will stagger work from the alternate remote location identified in their Telecommute Plan and their normal work area on campus in a hybrid approach based on the agreed upon both the timetable and work schedule identified above, until the determined end date.
 - b) After the hybrid transition phase has concluded, the employee will return full time to the campus to perform their duties as an employee of the district.
 - c) Alternatively, employees may request to return full-time to their normal work area on campus without establishing a hybrid transition period.

- 2) The employee can elect to return to work full time to their campus workstation prior to the end of their hybrid transition schedule in consultation with, and approval from, their supervisor.

- 3) This agreement neither prevents nor restricts the District's ability to require the employee to report to the permanent work assignment location or another temporary work location as needed. Minimum advance notice the District must provide the employee to report is one (1) hour; however, the District agrees to provide as much advance notice as possible.
- 4) If the employee continues to work remotely during any part of their normal work schedule, adherence to all compliance statements within their individual Telecommute plan is required. The employee also must maintain an active Telecommute plan, renewing a plan that may have expired.
- 5) The District strongly encourages employees and supervisors to thoroughly discuss and develop Physical Distancing and Safety Resources strategies in the space provided above. Any requests for accommodations will be addressed by the District in order to continue providing a safe working environment on campus for all.
- 6) Once this Plan is enacted, and transition back to fulltime onsite work is completed, employees shall comply with work location protocols as outlined in the District's Reopen Siskiyou Operational Phases – Green, Yellow, Orange, and Red.
 - a) Telecommuting plan will be reactivated for Phase Red.
 - b) District will notify employees during Phase Orange whether to utilize Telecommuting Plan, or Return to Work Location on Campus Plan during Phase Orange.
 - c) Any reactivation of the Transition Hybrid Period from this Plan in Phase Yellow will first require consultation and approval of supervisor.
- 7) Testing requirements before returning to campus will follow the Reopen Siskiyou Plan.
- 8) In addition to accommodation requests resulting from strategies for Physical Distancing and Safety Resources, employees can apply for a special circumstances hardship with the District. Typically, a hardship is one or more conditions that exist either permanently or temporarily for the employee that may prevent a fulltime return to the employee's work location on campus. These individual circumstances will be investigated and verified by the District prior to determining alternative work schedules, locations, etc.
- 9) As the prolonged state of emergency faced by the current COVID-19 global pandemic continues with no end in sight, the District recognizes that prevalent conditions, scientific knowledge, and healthcare expert guidelines are evolving. Therefore, the terms and conditions of the Plan may also evolve and require revision.

Approvals:

By signing below the Employee, Supervisor, and appropriate administrator agree to the terms and conditions of this Plan. The original Plan will be filed by the District. A copy of the Plan must be retained by the supervisor; employees are encouraged to keep a copy for future reference and use.

Employee Certification

I have worked with my supervisor to complete the Plan. I have read, and agree to, the terms and conditions stated above.

Signature: _____

Date: _____

Supervisor Certification

I have worked with the designated employee above to complete the Plan. I have read, and agree to, enforce and comply with the terms and conditions stated above.

Signature: _____

Date: _____

Vice President Approval

The District authorizes the employee’s participation in this Plan, and agrees to enforce and comply with the terms and conditions stated above.

Signature: _____

Date: _____

Human Resources Approval

The District acknowledges receipt authorizing the employee’s participation in this Plan, agrees to work with the designated employee on accommodations, and will investigate and verify hardship applications and recommend alternative work schedules, locations, etc. as warranted.

Signature: _____

Date: _____