



MOUNT ST. JOSEPH
UNIVERSITY®

Remote Operations Staffing Plan Form

To be completed by all supervisors to ensure continuity of operations during University Remote Operations.

Department/School-Program: _____

Supervisor Name: _____

Date Completed: _____

Section 1: Team Coverage & Responsibilities

1. List all employees in your department and indicate their status during remote operations:
 - Fully remote-capable
 - Essential on-campus personnel
 - Hybrid (some remote functions, some in-person needs)

Employee Name	Role/Function	Remote-Capable? (Yes/No)	Notes

2. Describe how critical functions of your department will be maintained remotely.

3. Identify who will serve as point-of-contact if you are unavailable.

Section 2: Employee Remote Readiness

4. Do all remote-capable employees have:

- A reliable computer/laptop? Yes No (If no, specify)
- Reliable internet access at home? Yes No (If no, specify)
- Access to University systems (Global Connect, shared drives, CARS, Paycom, Jenzabar, etc.)? Yes No
- Access to phone/Zoom/Teams for virtual meetings? Yes No

5. Are there any accessibility or accommodation needs for employees to work remotely?

6. Do employees have clear instructions for:

- How to log into systems remotely? Yes No
- Communication expectations (email/phone/virtual availability)? Yes No
- Use of Mitel (softphone) for working remotely Yes No
- Reporting time/work hours during remote operations? Yes No

Section 3: Essential Personnel

7. Identify employees designated as essential personnel who must report on-site:

- Name / Role / Reason for on-site presence

Employee Name	Role	Reason for On-site Presence

8. Do essential personnel understand reporting expectations during inclement weather?
 Yes No

9. What contingency plan is in place if essential personnel cannot safely report?

Section 4: Communication & Oversight

10. How will you communicate with your team during remote operations?

- Email
- Phone/Text
- Teams/Zoom
- Other: _____

11. How will you ensure accountability for work completion and responsiveness?

Section 5: Supervisor Certification

- I confirm that my department has a plan to maintain operations remotely in the event of University Remote Operations.
- I have communicated expectations with all employees in my unit.
- I have identified essential personnel and ensured they understand reporting expectations.

Supervisor Signature: _____

Date: _____

Please submit your completed document to your Cabinet representative *and* to Human Resources (human.resources@msj.edu)