PURPOSE

The purpose of this policy is to establish guidelines and criteria for a telecommuting work program for employees of the County of Riverside.

SCOPE

All County Employees.

POLICY

Telecommuting is defined for the purposes of this policy as an employee working from a remote site other than their primary work location, such as a designated satellite workstation or at home on a regular or temporary, on-going basis.

The County of Riverside is committed to offer telecommuting to employees as an opportunity to share in the improvement of local air quality by reducing air pollution, traffic and parking congestion, and demand for office space.

1. Telecommuting is a voluntary arrangement between the employee and the department. Participation in the program is solely a management prerogative, not an employee right.

   Employees who wish to participate in the home telecommuting program will complete and submit a “Home Telecommute Application” form (Attachment A) to their supervisor/manager.

2. Any employee who meets all of the following requirements may be selected by the department head or designee to participate in the telecommuting program:

   a. Employed with the County at least one year and has successfully completed a probationary period.
   b. Work assignments or job duties that allow him or her to be away from the office.
   c. Has department approval to take part in the program.
   d. Have a meets or above performance standards in his or her current performance evaluation pursuant to Board of Supervisors Policy C-21, with no documented performance issues.
   e. Be able to work independently.
   f. Be able to manage his or her time effectively as determined by the supervisor.

   Each employee who has been authorized to telecommute shall complete the “Telecommuter Work Program Agreement” (Attachment B). The Telecommuter’s Agreement shall be reviewed or renewed at least annually or whenever there is a major job change, or whenever the telecommuter or supervisor change positions.
Employees are responsible for self-certifying that their home work environment complies with identified safety requirements by completing and signing the “Telecommuter Work Program Safety Checklist” (Attachment C). The County of Riverside is responsible for ensuring that employees have a safe work environment, therefore, a safety inspection of the employee’s home office space may be required. If a safety inspection is required, the employee will be provided 48 hour notice, except in the case of an emergency.

3. Employees can work at home or at a satellite workstation up to a maximum of five days in a given week. Supervisors/Managers may limit telecommuting further, if they feel it is necessary. An employee must forgo telecommuting whenever notified he/she is needed in the office on a regularly scheduled telecommute day.

Telecommuters will be required to work a schedule agreed upon by their supervisor/manager. They will follow any guidelines set by the department for office communications, such as making regular calls to the office voice mail system to check for messages.

4. Employees will be required to designate a specific workstation within their homes. This work area will be considered an extension of the employee’s regular office workstation; subsequently the County’s workers compensation liability for injuries will also extend to this space. Employees will be responsible for maintaining safe conditions in this work area. The County’s liability for injuries taking place while working at home will be confined to this area. The County’s liability will also be confined to injuries taking place during the work hours agreed upon by the employee and his or her supervisor. The County shall not be held liable for injuries to third parties and/or members of the employee’s family on employee’s premises. The County is not liable for damage to the employee’s real property.

Home offices must be clean and free of obstructions. At no time shall the employee perform activities that could be considered unhealthful or unsafe. The employee shall not store, keep, or use any hazardous materials in the designated work area. Additionally, the employee shall ensure that a working smoke detector and carbon monoxide detector are installed within the designated work area.

In no event shall customers be served “in-person” at the Telecommuter’s place of residence.

5. Employees may not provide primary care for children under 12 years of age when they are working at home. Employees with children under age 12 may work at home only if someone else will provide primary care for the child during work hours. Employees may not care for older adults or older children who would otherwise need care while working at home.
6. Managers and/or supervisors will have the right to unilaterally terminate a telecommuting arrangement made with an employee at any time with or without cause, so long as the termination does not unlawfully discriminate or otherwise violate any other County policy adopted by the Board of Supervisors.

Employees who no longer wish to telecommute may also terminate their telecommuting arrangements and return to full-time in-office work at any time.

7. Telecommuting employees shall comply with the County Email and Internet Usage policies which address permissible uses, prohibited uses, and access and disclosure. Telecommuters shall have no expectation of privacy when using these systems.

8. As with all County employees, telecommuting employees are expected to adhere to all rules and regulations of the County and the department, regarding security and confidentiality of data and information handled in the course of work. The telecommuter will take all precautions necessary to secure County information and equipment at his/her home work location, and will prevent unauthorized access to any County system or information.

9. Department policies may establish additional criteria to the telecommuting program as long as it is reviewed and approved by Human Resources to ensure compliance with labor laws.

10. The employee’s duties, responsibilities, and conditions of employment remain the same as if the employee were working at the department’s primary workplace. The employee will continue to comply with federal, state, and county, policies and regulations while working at an alternate location. The employee shall remain subject to all County of Riverside and departmental disciplinary policies and procedures while performing work at the alternate workplace.

Reference:
Minute Order 3.37 of 07/27/93
Minute Order 3.4 of 12/18/07
Minute Order 3-69 of 09/09/14
TO BE COMPLETED BY EMPLOYEE

Employee Name: ____________________________________________
Department: ________________________________________________
Job Title: ___________________________________________________
Date: _______________________________________________________
Immediate Supervisor: _______________________________________

Proposed Schedule: ( ) Mon   ( ) Tues   ( ) Weds   ( ) Thurs   ( ) Fri

# of Hours: _______ _______ _______ _______ _______ _______

How many miles one-way do you travel each day to your regular work site? _________

Description of work to be conducted while telecommuting:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Describe the workstation in your home dedicated to telecommuting:
____________________________________________________________________
____________________________________________________________________

What equipment do you currently have at home that will be used for your telecommuting assignment?
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
TELECOMMUTING PROGRAM

What equipment do you need that you currently don’t have at home that will be needed for your telecommuting assignment?

______________________  ________________________________  __________________________

The following characteristics relate respectively to your job duties you have listed above. Please rate each characteristic as either high (H), medium (M), Low (L) by placing the appropriate letter in the blank before each statement.

___ Amount of face-to-face contact required with the public/clients/employees.
___ Degree of telephone communications required.
___ Amount of in-office reference material required.
___ Autonomy of operation.
___ Ability to control and schedule work flow.
___ Clear understanding of job expectations.

I understand that telecommuting is a voluntary arrangement between the supervisor, the department, and the employee, and is not an entitlement or employee benefit. I understand that telecommuting may be terminated for any reason, at any time, by any party. I have read and will comply with all telecommuting policies and guidelines if approved for telecommuting.

Signature: ________________________________  Date: _______________

Upon completion forward original to your immediate supervisor/manager.

****************************************************************************************************

TO BE COMPLETED BY SUPERVISOR OR MANAGER

Supervisor/Manager Name: __________________________________________

I have verified the following with regard to the above-named employee:

(  ) Is a regular, full-time employee who has successfully passed his/her probationary period.
(  ) Has completed a minimum of one year in the current area of responsibility.
(  ) Received a rating of at least Meets Standards on his/her most recent performance evaluation.
(  ) Past work performance demonstrates the ability to work independently.
(  ) Current job requirements do not necessitate a full-time presence on the premises or “in-person” contact with the public or other departmental staff.

Budget Impact:  

________________________________________________________________________

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Approval/Denial:

(    ) Approval of application as requested by employee
(    ) Approval of application with modifications (see comments below)
(    ) Denial of application (see comments below)

Supervisor's Comments:

____________________________________________________________________
____________________________________________________________________

Supervisor’s Signature: ___________________________ Date: __________

Return original to the employee and one copy to the Rideshare Office at Stop #1008. The Rideshare Office will forward a Telecommuting Work-folder to the supervisor upon receipt of an approved request.

5/93
Attachment B

TELECOMMUTER WORK PROGRAM AGREEMENT

This Telecommuter Work Program Agreement is with ________________________________.

Employee Name

This telecommuting agreement shall be effective on _______________ and end on _______________, unless the agreement is otherwise terminated.

The telecommuter will telecommute to the following alternative work site:

______________________________________________________________

The telecommuter will telecommute on the following days:

Schedule:     (   ) Mon  (   ) Tues  (   ) Weds  (   ) Thurs  (   ) Fri

# of Hours:   _______  _______  _______  _______  _______  _______

Employee agrees to be available by telephone during the telecommuting hours indicated above, except during lunch periods.

Employee agrees that telecommute days will not be substituted without advance approval of the supervisor or manager. Use of sick leave, on a scheduled telecommute day must be reported to the supervisor prior to the employee’s scheduled hours, or as soon as possible after it is determined sick leave is needed. Use of vacation, holiday, or other leaves must be approved in advance by the supervisor or manager. Overtime, shift differential, and/or other premium pays are not authorized unless approved in advance by the supervisor or manager.

Employee agrees that office needs take precedence over telecommute days and they must forgo telecommuting if needed in the office on a regularly scheduled telecommute day.

Employee agrees to maintain any County issued equipment in operating condition; to operate it safely; and to return the equipment to the supervisor within 24 hours once the telecommuting agreement is terminated.

Employee agrees that any equipment provided by the County is for the sole use of business related functions only and not for personal use.

Employee agrees that they are solely responsible for the maintenance and insurance required for his or her own personal equipment. The County doesn’t assume liability for loss, damage or wear of employee owned equipment. The County is not responsible for any utility costs associated with the use of electronic equipment or occupation of the home.
Employee agrees to comply with all existing job requirements for his/her position and understands the salary and benefits will not change.

Employee agrees to report any occupational injury or illness to his/her supervisor immediately and complete all necessary and/or County requested documents regarding the injury.

Employee agrees that he or she is solely liable for injuries to third persons and/or members of their family that occur on the telecommuter’s premises.

Employee agrees that the home work location will be free of obstructions and will not store, keep, or use any hazardous materials in the designated work area.

Employee agrees to comply with the County e-mail and Internet usage policies which address permissible uses, prohibits uses, and access and disclosure. Employee shall have no expectation of privacy when using these systems.

Employee agrees to adhere to the confidentiality policies of the department and to protect County assets, information, and information systems at their home work location.

I understand that telecommuting is a voluntary arrangement between the supervisor, the department, and the employee, and is not an entitlement or employee benefit. I understand that telecommuting may be terminated for any reason, at any time, by any party, with or without cause. I certify that I have read the Telecommuting Program Policy and this Agreement, that I understand their contents, and that I will abide by their terms.

__________________________________________________________
Employee Signature/Date

__________________________________________________________
Supervisor/Manager Signature/Date

__________________________________________________________
Department Head or Designee Signature/Date
ATTACHMENT C

TELECOMMUTER WORK PROGRAM SAFETY CHECKLIST

The following Safety Checklist must be completed by the telecommuter and attached to the Telecommuter Work Program Agreement.

Employee Name: _______________________________________

Department: __________________________________________

Home work stations must be clean and free of obstructions. The home must be in compliance with all building codes. Telecommuting employees are responsible for ensuring their homes comply with these health and safety requirements.

WORK SPACE (check all that apply):

( ) Telecommuter has a separate, clearly defined work space that is kept clean and orderly.
( ) The work area is adequately illuminated with lighting.
( ) The work area is well ventilated and heated.
( ) Exits are free from obstruction.
( ) All extension cords have a grounding conductor.
( ) Electrical enclosures (switches, outlets, receptacles, and junction boxes) have tight fittings covers or plates.
( ) Surge protectors are used for computers, fax machine, and printers.
( ) All electrical equipment is free of recognized hazards (frayed wires, bare conductors, loose wires, and exposed wires)
( ) Potentially hazardous chemicals are not stored, in, or around, the work area.

ERGONOMICS (check all that apply):

Desk, chair, computer, and other equipment are of appropriate design and arranged so that:

( ) Neck and shoulders are not stooped to view the task.
( ) Back is adequately supported.
( ) Feet are on the floor or fully supported by a footrest.
( ) Wrists are fairly straight when keying and there is space to rest arms when not keying.
( ) There is no glare on the computer screen.
( ) Work can be performed without eye strain.
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EMERGENCY PREPAREDNESS (check all that apply):

(  ) There is a smoke detector near the work area; is in working order; and will be tested on a monthly basis.

(  ) There is a carbon monoxide detector near the work area; is in working order; and will be tested on a monthly basis.

(  ) There is a portable fire extinguisher which is rated for A, B, and C fires near the work area and is fully charged.

(  ) A first aid kit is easily accessible and periodically inspected and replenished as needed.

EMPLOYEE CERTIFICATION

I understand that I may be denied the opportunity to telecommute, or may have my telecommuting agreement rescinded, based on a suspected lack of safety or hazardous materials in the designated home work space. Further, I will adhere to any and all County and department policies relating to employee safety and security.

__________________________________________________________
Employee Signature/Date

SUPERVISOR APPROVAL

I have reviewed the safety checklist and have discussed safety expectations with the employee.

__________________________________________________________
Supervisor/Manager Signature/Date