

**SUBMITTAL TO THE BOARD OF SUPERVISORS
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**



430

FROM: Human Resources Department

SUBMITTAL DATE:
August 27, 2014

SUBJECT: Revision of Board of Supervisors Policy K-3, Telecommuting Program [District- All] [Total Cost - \$0] [SOURCE OF FUNDS-N/A]

RECOMMENDED MOTION: That the Board of Supervisors:

1. Approve the proposed revisions of Board Policy K-3, Telecommuting Program (Attachment A)

BACKGROUND:

Summary

On July 27, 1993, Agenda Item 3.37 was approved, which established Board Policy K-3 for the purpose of improving local air quality by reducing the number of vehicle trips made to assigned work locations during the hours of 6:00am to 10:00am.

Telecommuting Programs within the industry have evolved to not only take into consideration the improvement of local air quality but to consider telecommuting as a means by which to reduce traffic and parking congestion, the demand for office space, efficiency and effectiveness of business operations, and improve employee morale. The Telecommuting Program can also be effective in the continuation of business as part of a disaster recovery or emergency plan as employees are already set up to work from a home office.

Michael T. Stock
Asst. County Executive Officer/
Human Resources Director

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost:	POLICY/CONSENT (per Exec. Office)
COST	\$ 0	\$ 0	\$ 0	\$ 0	Consent <input type="checkbox"/> Policy <input checked="" type="checkbox"/>
NET COUNTY COST	\$ 0	\$ 0	\$ 0	\$ 0	

SOURCE OF FUNDS: N/A	Budget Adjustment: N/A
	For Fiscal Year: 2014/15

C.E.O. RECOMMENDATION:

APPROVE

BY:
Samuel Wong

County Executive Office Signature

MINUTES OF THE BOARD OF SUPERVISORS

- Positions Added
- Change Order
- A-30
- 4/5 Vote

Prev. Agn. Ref.: 12/18/07; 3.4 | **District:** All | **Agenda Number:**

3-69

**SUBMITTAL TO THE BOARD OF SUPERVISORS, COUNTY OF RIVERSIDE, STATE OF CALIFORNIA
FORM 11: Revision of Board of Supervisors Policy K-3, Telecommuting Program [District- All]**

[Total Cost - \$0] [SOURCE OF FUNDS-N/A]

DATE: August 27, 2014

PAGE: 2 of 2

BACKGROUND:

Summary (continued)

Board Policy K-3 is being updated to establish specific guidelines and criteria for a telecommuting work program for employees of the County of Riverside. The Human Resources Department recommends the following changes:

- Establish Purpose and Scope of policy.
- Establish eligibility requirements for participating in the Telecommute Program.
- Require employees to complete a "Telecommuter Work Program Agreement."
- Require employees to self-certify that their home work environment complies with identified safety requirement by completing the "Telecommuter Work Program Safety Checklist."
- Increase telecommute days from 3 to 5 days a week.
- Add language that employees must forgo telecommuting whenever notified that he/she is needed in the office on a regularly scheduled telecommute day.
- Add additional language that the County shall not be held liable for injuries to third parties and/or members of the employee's family on employee's premises.
- Add language that home offices must be clean and free of obstructions and employees must not store, keep, or use any hazardous materials in the designated work area.
- Add language that under no circumstances shall customers be served at the telecommuter's residence.
- Add additional language that managers and/or supervises can terminate a telecommuting agreement at any time with or without cause, so long as the termination does not unlawfully discriminate or otherwise violate any other County policy.
- Add language that telecommuters must comply with the County Email and Internet Usage policies.
- Add language that telecommuters are 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 while telecommuting.
- Add language that department policies may establish additional criteria to the Telecommuting Program with the approval of Human Resources to ensure compliance with labor laws.
- Add language that employees duties, responsibilities, and conditions of employment remain the same while telecommuting and will remain subject to all County and department disciplinary policies and procedures.
- Revise "Home Telecommute Application" to include employee acknowledgement statement, signature and date. The Application was revised to also include manager/supervisor signature and date verifying eligibility requirements of employee, budget impact, and approval/denial.
- Establish "Telecommuter Work Program Agreement."
- Establish "Telecommuter Work Program Safety Checklist."

The proposed substantive and non-substantive changes to the policy are highlighted in Attachment B.

Impact on Residents and Businesses

Improvement of air quality in the County of Riverside. Reduction in traffic and parking congestion.

ATTACHMENTS (if needed, in this order):

A. Board Policy K-3, Telecommuting Program

B. Board Policy K-3, Telecommuting Program, with substantive and non-substantive changes

**COUNTY OF RIVERSIDE, CALIFORNIA
BOARD OF SUPERVISORS POLICY**

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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.

COUNTY OF RIVERSIDE, CALIFORNIA
BOARD OF SUPERVISORS POLICY

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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.

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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 X-XX of XX/XX/XX
- Minute Order 3.37 of 07/27/93
- Minute Order 3.4 of 12/18/07

**COUNTY OF RIVERSIDE, CALIFORNIA
BOARD OF SUPERVISORS POLICY**

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Attachment A

HOME TELECOMMUTE APPLICATION

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?

**COUNTY OF RIVERSIDE, CALIFORNIA
BOARD OF SUPERVISORS POLICY**

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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.

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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.

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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

COUNTY OF RIVERSIDE, CALIFORNIA
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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

**COUNTY OF RIVERSIDE, CALIFORNIA
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PURPOSE

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SCOPE

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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.

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Telecommuting is a substitute for commuting in which work is moved to people instead of moving people to work.

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<#>Participants may be selected by the department head or designee under the following criteria:¶

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<#>Eligibility:¶
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**COUNTY OF RIVERSIDE, CALIFORNIA
BOARD OF SUPERVISORS POLICY**

Subject: TELECOMMUTING PROGRAM **Policy Number:** K-3 **Page:** 2 of 10

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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.

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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.

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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.

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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.

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Each participant in the program will be required to sign a Telecommuting Agreement, which will specify the rights and responsibilities of the participant and the County.¶
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<#>Liability:¶
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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.

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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

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COUNTY OF RIVERSIDE, CALIFORNIA
BOARD OF SUPERVISORS POLICY

Subject: TELECOMMUTING PROGRAM
Policy Number: K-3
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Attachment A

HOME TELECOMMUTE APPLICATION

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TO BE COMPLETED BY EMPLOYEE

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Employee Name: _____
Department: _____
Job Title: _____
Date: _____
Immediate Supervisor: _____

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

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of Hours: _____

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

Description of work to be conducted while telecommuting:

Deleted: Describe your current job duties

Describe the workstation in your home dedicated to telecommuting:

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

Do you have adequate space in your home to dedicate to a workstation?
Yes No

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TELECOMMUTING PROGRAM

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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.

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- ___ 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: _____

Deleted: Are there any distractions/obligations that may make working at home difficult or impossible?¶

¶ ___ Yes ___ No¶

¶ If yes, please explain:¶

_____¶

Deleted: and one copy to the Rideshare Office at Stop #1008

Deleted: (To be completed by the employee's supervisor/manager)¶

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Deleted: Date: _____
_____¶

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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)

Deleted: Do you recommend this employee as a candidate for home telecommuting?¶
___ Yes ___ No

Supervisor's Comments:

Deleted: If no explain why
Formatted: Line spacing: 1.5 lines

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.

Deleted: ¶
¶
Deleted: Approval
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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.

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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

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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