

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

806



FROM: Department of Public Social Services

SUBMITTAL DATE:
September 24, 2013

SUBJECT: Approval to extend the waiver of Board Policy K-3 Telecommuting Program for the Department of Public Social Services through March 31, 2014

RECOMMENDED MOTION: That the Board of Supervisors extend the waiver of Board of Supervisors Policy K-3, Telecommuting Policy for the Department of Public Social Services through March 31, 2014

County Executive Office

Departmental Concurrence

(CONTINUED – 2 pages total)

Patricia Reynolds for Susan Loew
Patricia Reynolds, Assistant Director for Susan Loew, Director

FINANCIAL DATA	Current F.Y. Total Cost:	\$ 0	In Current Year Budget:	Yes
	Current F.Y. Net County Cost:	\$ 0	Budget Adjustment:	No
	Annual Net County Cost:	\$ 0	For Fiscal Year:	13-14

SOURCE OF FUNDS:	Positions To Be Deleted Per A-30	<input type="checkbox"/>
Federal Funding: 0%; State Funding: 0%; County Funding: 0%; Realignment Funding: 0%; Other Funding: 0%	Requires 4/5 Vote	<input type="checkbox"/>

C.E.O. RECOMMENDATION: APPROVE

BY: *Debra Cournoyer*
Debra Cournoyer

County Executive Office Signature

Polk Approved by John Mooney
 Ass. Human Resources Director for
 Barbara Olivier Asst. County Executive Officer/
 Polk Human Resources Director

Consent
 Consent

MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Stone, seconded by Supervisor Ashley and duly carried by unanimous vote, IT WAS ORDERED that the above matter is approved as recommended.

Ayes: Jeffries, Tavaglione, Stone, Benoit and Ashley
Nays: None
Absent: None
Date: September 24, 2013
xc: DPSS, HR

Kecia Harper-Ihem
 Clerk of the Board
 By: *Kecia Harper-Ihem*
 Deputy

Prev. Agn. Ref.: 3.33 (09/11/12) **District:** ALL **Agenda Number:**

3-48

ATTACHMENTS FILED
WITH THE CLERK OF THE BOARD

Dept's Recomm.:
 Per Exec. Ofc.:

TO: BOARD OF SUPERVISORS

DATE: September 24, 2013

SUBJECT: Approval to extend the waiver of Board Policy K-3 Telecommuting Program for the Department of Public Social Services through March 31, 2014

BACKGROUND

In exploring alternative work options, the Department of Public Social Services (DPSS) has been piloting a telecommuting program with a limited number of staff across all divisions to assess the ability to fulfill service requirements from remote locations. DPSS would like to extend this telecommuting program pilot to comprehensively assess the department's ability to provide services while also reducing environmental impacts. DPSS is requesting an extension to our waiver of Board Policy K-3 through March 31, 2014. This allows the department the flexibility to continue administering the telecommuting program, while developing policies and coordinating with Human Resources and the Executive Office regarding other requirements necessary for full implementation. Board Policy K-3 includes a provision that could limit the scope of our program by restricting the number of days that an employee may telework to no more than three days a week, while DPSS offers employees the opportunity to work from home up to five days a week.

CONCUR/EXECUTE: County Human Resources
County Executive Office

ATTACHMENTS:

1. DPSS Policy 11-016 - Draft
2. DPSS Employee Telecommuter Agreement - Draft
3. DPSS Teleworker Selection Survey for Employees - Draft
4. DPSS Teleworker Selection Survey for Supervisors - Draft
5. DPSS Self-Certification Safety Checklist for Telecommuters - Draft

SL:lr

Department Policy

Telecommuting Work Program

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Overview

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Introduction

This department policy (DP) informs Riverside County Department of Public Social Services (DPSS) employees of the Telecommuting Work Program (TWP) that offers eligible employees an opportunity to work from home one to five (5) days a week. Employees are considered for TWP through an established selection criteria process based on the business needs of their division.

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Employees who participate in TWP do not receive additional benefits. TWP participants maintain the same compensation, benefits work status, and work responsibilities as always and are required to comply with all DPSS rules, regulations, policies and procedures, as if they are working at their primary work location (PWL).

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Also, during the week when employees are not telecommuting they must report to their PWL.

In this policy

This DP contains the following topics:

Topic	Page
1. Eligibility Requirements	2
2. Off-Site Workstation/Area	3
3. Hours of Work	4
4. Telecommuter Responsibilities	5

Form 11
Request for Board Policy K-3 Waiver
July 2, 2013

PURPOSE: Request waiver of Board Policy K-3

CONTRACT: 073013

TERM: In perpetuity

MRA: \$0.00

ADDITIONAL INFORMATION:

- DPSS participated in a successful telecommuting pilot project from October 1, 2012 through March 31, 2013.
- On September 11, 2012, the Board approved a temporary waiver through March 31, 2013 of Board Policy K-3, Telecommuting Program as it included provisions that would have limited the scope of DPSS's pilot program.
- This Form 11 requests that the Board grant DPSS a permanent waiver due to the success of the project and DPSS's interest in continuing the telecommuting program.

Department Policy

D 1. Eligibility Requirements

R Application process

Employees who want to be considered for the TWP are required to submit the form (Attachment A) from the Board of Supervisors policy K-3, Telecommuting Program located on the Intranet to their immediate supervisor and provide the following information that includes, but is not limited to their:

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- job responsibilities
- proposed telecommuter schedule
- type of work/tasks, and
- activities to be performed at the designated workstation/area within their home.

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Also, employees must describe the home workstation/area and the equipment required to do their work.

TWP criteria

In addition to the application process, employees must meet the following criteria to be eligible to participate in the TWP. An employee must:

- be employed by Riverside County at least 1 year and/or has successfully completed a probationary period
 - have a meets or above in his or her current performance evaluation, with no documented performance issues
 - have work assignments or job duties that allow him or her to be away from the office
 - be able to work independently
 - be able to manage his or her time effectively, and
 - be approved by his or her supervisor, manager, and/or deputy/assistant director to participate in the TWP.
-

Telecommuting agreement

Each employee (telecommuter) who participates in the TWP is required to sign a Telecommuting Agreement form and associated documentation that specifies the rights and responsibilities of the telecommuter and DPSS.

TWP probationary period

The telecommuting arrangement is on a three month trial basis and can be terminated at the discretion of the employee's supervisor, manager or the telecommuter, at any time during the three month probation period or any time thereafter, by written notice, unless circumstances prevent a notice from being provided. Once the telecommuting agreement is terminated, the employee returns to working full-time in his or her PWL.

Department Policy

D 2. Off-Site Workstation/Area

R Home work station/area

Telecommuters are required to designate a specific workstation/area within their home and are responsible for safe and secure working conditions in the designated work space. This work area is an extension of the employee's PWL and supervisors/managers, at their discretion, may conduct an inspection of the designated home workstation/area during work hours to determine if it meets DPSS's safety and security requirements. Telecommuters **are not allowed** to work in other locations such as coffee shops, parks, mall area, restaurants, and so on.

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NOTE: Any increases in the telecommuter's utilities, homeowner's insurance, other costs, and so on are the sole responsibility of the employee.

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Liability

Riverside County's workers compensation liability for injuries incurred while working at home extends **solely** to the telecommuter's designated work station. Also, the County's liability is confined to injuries incurred during the agreed upon work hours between the telecommuter and his or her supervisor/manager. Telecommuters must **immediately** report a home work area injury to his or her supervisor or manager.

Security

All work products/business materials must be confined and maintained in a secure location in the designated work station/area, within the telecommuter's home.

Telecommuters are responsible for observing and maintaining all DPSS department policies while participating in the TWP, as if they were working at their PWL. These DPs include, but are not limited to:

DP 17-010a, Email, Instant Messaging and Electronic Information
DP 19-001, Confidentiality-Customer Program and Information, and
DP 19-003, Privacy and Security of Personally Identifiable Information (PII).

Telecommuters are required to take all precautions necessary to secure confidential information and prevent unauthorized access by observing all office security practices when working at home. Steps to ensure the protection and integrity of confidential information include, but are not limited to:

- locked file cabinets
- locked disk boxes
- locked desks
- password protected computers, and
- any other steps deemed appropriate for the job and the home work station.

Department Policy

D 3. Hours of Work

R **Work schedule** Telecommuters can work from home a minimum of one day a week and up to a maximum of 5 days a week. However, supervisors/managers may limit telecommuting further, at their discretion, if necessary.

A Telecommuters are required to work the schedule agreed upon by their supervisor/manager. Overtime hours (O/T) and deviations from the agreed upon schedule must be **pre-approved** in writing by the supervisor or manager. Also, supervisors or managers are required to approve O/T for non-exempt telecommuters. Telecommuters are expected to observe all policies/guidelines established by DPSS and the County that govern employees, as if working at their PWL.

F Telecommuters are required to be available by telephone and email during their scheduled work hours, except during their scheduled lunch period. Also, telecommuters are required to modify their PWL phone voice mail message to advise customers of the alternate number where they can be reached during work hours.

T Supervisors can require employees to check for messages within a certain time period (every hour, every two hours and so on) to ensure there are no delayed responses or missed messages.

Telecommuters are required to notify their supervisor of any changes to their home contact information.

Leaves or absences Telecommuters are required to account for their time during established work hours. Telecommuters who are ill and cannot work or cannot work due to other circumstances must follow the procedures described in DP 11-003, Leaves: Sick, vacation, AWOP, FMLA/CFRA, and DP 11-001A, Employee Time Sheet, as if working at their PWL.

Child care The TWP is not an alternative to child or elder care and telecommuters may **not** provide primary care for children under the age of 12 while they are working at home. In fact, employees with children under age 12 may work at home **only** if someone else provides primary care for the child or children during their work hours. Also, the same stipulation applies to employees with elderly adults in their household who would otherwise need care while he or she is working at home.

Department Policy

D 4. Telecommuter Responsibilities

R Employee equipment

DPSS may provide computers for telecommuters off-site (home) work station/area. Telecommuters are responsible for providing their own Internet access if they want to participate in the TWP. DPSS does not assume liability for loss, damage or wear of employee owned equipment, unless otherwise agreed to in writing prior to the occurrence.

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In the event of equipment damage or malfunction, the teleworker must notify his supervisor or manager immediately. Repairs to employee owned equipment is the responsibility of the telecommuter. If there is a delay in getting the equipment repaired, the telecommuter must report to his or her PWL until the equipment is usable or replaced. Prior to the telecommuter returning to TWP the supervisor or manager may conduct an inspection of the equipment during work hours at his or her discretion, to determine if the equipment meets DPSS requirements.

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Office supplies

Telecommutes are responsible for maintaining their office supplies for day to day business use at their off-site workstation. DPSS provides the necessary office supplies to telecommuters. DPSS will **not** reimburse telecommuters for office supplies they purchase.

DPSS IT support staff

DPSS IT support (IT) provides limited support to telecommuters. IT support (staff) will speak with the telecommuters over the phone and try to resolve the problem remotely, if possible. IT staff will **not** make any home calls to provide technical assistance for telecommuters. In the event of equipment damage or malfunction, telecommuters must notify their supervisor immediately. The supervisor or manager at his or her discretion, during work hours, may inspect the equipment. The telecommuter is responsible for all repairs to his or her equipment.

Computer monitoring

A telecommuter's computer work time may be monitored through the remote network system. If a telecommuter is off line for more than two hours he or she will be logged out of the system.

Income tax

Telecommuters are responsible for determining any income tax implications of maintaining a home office area. DPSS will not provide tax guidance and will not assume any additional tax liabilities on behalf of the telecommuter. DPSS encourages telecommuters to consult with a qualified tax professional to discuss any income tax implications pertaining to their home workstation.

JL:jl

Name of Telecommuter _____

County of Riverside Department of Public Social Services Self-certification Safety Checklist for Telecommuters

The following checklist is designed to assess the overall safety of your alternative worksite. Please read and complete the self-certification safety checklist. Upon completion, you and your supervisor/manager should sign and date the checklist in the spaces provided.

Name:

Division:

1. Are temperature, noise, ventilation and lighting levels adequate for maintaining your normal level of job performance?

Yes [] No []

2. Are all stairs with four or more steps equipped with handrails?

Yes [] No []

3. Are all circuit breakers and/or fuses in the electrical panel labeled as to intended service?

Yes [] No []

4. Do circuit breakers clearly indicate if they are in the open or closed position?

Yes [] No []

5. Is all electrical equipment free of recognized hazards that would cause physical harm (frayed wires, bare conductors, loose wires, flexible wires running through walls, exposed wires to the ceiling)?

Yes [] No []

6. Will the building's electrical system permit the grounding of electrical equipment?

Yes [] No []

7. Are aisles, doorways, and corners free of obstructions to permit visibility and movement?

Yes [] No []

Name of Telecommuter _____

8. Are file cabinets and storage closets arranged so drawers and doors do not open into walkways?

Yes [] No []

9. Do chairs have any loose casters (wheels) and are the rungs and legs of the chairs sturdy?

Yes [] No []

10. Are the phone lines, electrical cords, and extension wires secured under a desk or alongside a baseboard?

Yes [] No []

11. Is the office space neat, clean, and free of excessive amounts of combustibles?

Yes [] No []

12. Are floor surfaces clean, dry, level, and free of worn or frayed seams?

Yes [] No []

13. Are carpets well secured to the floor and free of frayed or worn seams?

Yes [] No []

14. Is there enough light for reading?

Yes [] No []

B. Computer Workstation (if applicable)

15. Is your chair adjustable?

Yes [] No []

16. Do you know how to adjust your chair?

Yes [] No []

17. Is your back adequately supported by a backrest?

Yes [] No []

18. Are your feet on the floor or fully supported by a footrest?

Yes [] No []

19. Are you satisfied with the placement of your monitor and keyboard?

Yes [] No []

20. Is it easy to read the text on your screen?

Yes [] No []

21. Do you need a document holder?

Yes [] No []

Name of Telecommuter _____

22. Do you have enough leg room at your desk?

Yes [] No []

23. Is the screen free from noticeable glare?

Yes [] No []

24. Is the top of the screen eye level?

Yes [] No []

25. Is there space to rest the arms while not keying?

Yes [] No []

26. When keying, are your forearms close to parallel with the floor?

Yes [] No []

27. Are your wrists fairly straight when keying?

Yes [] No []

Employee's Signature and Date: _____

Immediate Supervisor's Signature and Date: _____

Approved [] Disapproved []

Please return a copy of this form to your telecommuting program coordinator

County of Riverside Department of Public Social Services
Teleworker Selection Survey for Supervisors

Teleworking is a workplace strategy that involves working from home or another location, on a full or part-time basis. Telework, for the purposes of this Program, does not include an employee reporting to the site of a client of the employer. Every supervisor/manager must fill out a questionnaire on their employees who are interested in teleworking.

Supervisor

Name: _____

Names of employees under your direct supervision who are considered candidates for teleworking:

1. Is the work done by any of your staff as it currently exists or with modifications suitable for teleworking, at least part of the time?

- (a) Yes
- (b) No Please explain why.

If your answer was "no," this completes the survey for you. Thanks!

2. Please describe the kind of work your employees do.

Supervisor Characteristics

Based on your attitude towards teleworking and work style, please rate the following.

- _____ Positive attitude toward teleworking
- _____ Trust employee's ability to telework
- _____ Ability to establish clear objectives
- _____ Ability to communicate with employees

3. The rest of the survey should be completed for each of your employees who may participate in the teleworking program. Some questions, such as those dealing with your management style, will probably have the same answers for each employee. Please rate each characteristic as high (H), medium (M), or low (L) by placing the appropriate letter in each blank. Some questions, however, will inevitably have different answers for different employees. Please duplicate this form for each employee.

Employee name _____

Existing Work Characteristics

Please rate the following according to your employee's existing job requirements and characteristics.

- ___ Amount of face-to-face contact required
- ___ Degree of telephone communications required
- ___ Autonomy of operation
- ___ Ability to control and schedule work flow
- ___ Amount of in-office reference material required

Future Work as a Teleworker

Please rate the following job characteristics for your employee in terms of his/her adaptability to teleworking.

- ___ Amount of face-to-face contact required
- ___ Degree of telephone communications required
- ___ Autonomy of operation
- ___ Ability to control and schedule work flow
- ___ Amount of in-office reference material required

Employee Characteristics

Please rate the following according to your employee's characteristics.

- ___ Need for supervision, frequent feedback
- ___ Importance of co-workers' input to work function
- ___ Discipline regarding work
- ___ Desire/need to be around people
- ___ Potential friction at home if teleworking (e.g. interruptions due to caring for sick child or spouse)
- ___ Level of job knowledge
- ___ Quality of work

4. What criteria do you use to evaluate your employee's work? (For example: quality of work, quantity of work, timeliness, etc. Please be specific.)

5. Considering the nature of your employee's jobs, how much would you want him/her to telework? (Choose one only)

- | | |
|---|---|
| <input type="checkbox"/> (a) About once every 2 weeks | <input type="checkbox"/> (d) Three days a week |
| <input type="checkbox"/> (b) About once a week | <input type="checkbox"/> (e) Occasionally for a special project |
| <input type="checkbox"/> (c) Two days a week | |

6. What kinds of work would you expect him/her to do while teleworking? (Choose all that apply)

- | | |
|---|---|
| <input type="checkbox"/> (a) Writing/typing | <input type="checkbox"/> (f) Research |
| <input type="checkbox"/> (b) Planning | <input type="checkbox"/> (g) Sales calls |
| <input type="checkbox"/> (c) Data management | <input type="checkbox"/> (h) Preparing reports |
| <input type="checkbox"/> (d) Administrative | <input type="checkbox"/> (i) Field visits |
| <input type="checkbox"/> (e) Reading | <input type="checkbox"/> (j) Other (please specify) |
| <input type="checkbox"/> (k) Computer programming | |
-

**County of Riverside Department of Public Social Services
Teleworker Selection Survey for Employees**

Telework is a workplace strategy that can involve working from home or another location on a full- or part-time basis. Teleworking can be a productive scheduling practice for many employees although it may not be feasible for employees whose job duties and home environment may not be conducive to working away from the office. Teleworking arrangements are successful when an employee's work responsibilities and personal work style is well matched with working away from the office. Telework, for the purposes of this Program, does not include an employee reporting to the site of a client of the Department of Public Social Services.

This questionnaire provides an opportunity to consider whether teleworking will be an effective tool for meeting organizational and personal objectives. Responses to this questionnaire will help you and your supervisor to assess if teleworking can work for your EMPLOYER and you.

This questionnaire must be completed by each person participating in the pilot teleworking program.

Teleworking Screening Survey for Employees

Name: _____ Supervisor: _____
Classification: _____ Department: _____

1. Please describe your current job tasks.

2. The following four groups of characteristics relate respectively to your existing work, to your future work as it can be adapted to teleworking, to you as an employee, and to your manager. Please rate each characteristic as high (H), medium (M), or low (L) by placing the appropriate letter in each blank.

Existing Work Characteristics

Please rate the following according to your existing job requirements and characteristics.

- _____ Amount of face-to-face contact required
- _____ Degree of telephone communications required
- _____ Autonomy of operation
- _____ Ability to control and schedule work flow
- _____ Amount of in-office reference material required

Future Work as a Teleworker

Please rate the following job characteristics in terms of their adaptability to teleworking.

- _____ Amount of face-to-face contact required
- _____ Degree of telephone communications required
- _____ Autonomy of operation
- _____ Ability to control and schedule work flow
- _____ Amount of in-office reference material required

Employee Characteristics

Please rate the following according to your own characteristics as an employee, and as a teleworker.

- _____ Need for supervision, frequent feedback
- _____ Importance of co-workers' input to work function
- _____ Disciplined regarding work
- _____ Desire/need to be around people
- _____ Potential friction at home if teleworking (e.g. interruptions due to caring for sick child or spouse)
- _____ Level of job knowledge
- _____ Quality of work

3. Considering the nature of your job, how much would you want to telework?
(Choose one)

- | | |
|---|---|
| <input type="checkbox"/> (a) About once every 2 weeks | <input type="checkbox"/> (d) Three days a week |
| <input type="checkbox"/> (b) About once a week | <input type="checkbox"/> (e) Occasionally for a special project |
| <input type="checkbox"/> (c) Two days a week | <input type="checkbox"/> (f) Other: _____ |

4. What kinds of work would you expect to do while teleworking? (Choose as many as apply)

- | | |
|---|---|
| <input type="checkbox"/> (a) Writing/typing | <input type="checkbox"/> (f) Research |
| <input type="checkbox"/> (b) Planning | <input type="checkbox"/> (g) Sales calls |
| <input type="checkbox"/> (c) Data management | <input type="checkbox"/> (h) Preparing reports |
| <input type="checkbox"/> (d) Administrative | <input type="checkbox"/> (i) Field visits |
| <input type="checkbox"/> (e) Reading | <input type="checkbox"/> (j) Other (please specify) |
| <input type="checkbox"/> (k) Computer programming | |
-

5. Given the amount of teleworking you want to do, and the kinds of work you would do while teleworking, what equipment/services would you need, and which of those do you currently have? (Check appropriate box)

	Need	Have
Computer/terminal	<input type="checkbox"/>	<input type="checkbox"/>
Hi-speed Internet	<input type="checkbox"/>	<input type="checkbox"/>
Desk, filing space, other furniture	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>

6. Do you have adequate space in your home to dedicate to working?

- (a) Yes (b) No

7. Are there any distractions/obligations that will make working at home difficult or impossible?

- (a) Yes (b) No

If yes, specify _____

Name of Telecommuter _____

County of Riverside Department of Public Social Services Employee Telecommuter Agreement

Telecommuter Agreement with _____ (employee name)

Employee agrees to perform services for Employer as a "telecommuter." This agreement spells out the basic terms and conditions under which _____ (employee name) (hereafter "Telecommuter") will be teleworking for Riverside County of Riverside DPSS (hereafter "Employer").

This agreement is effective October 1, 2012, and remains in effect until March 31, 2013 while _____ (employee name) teleworks and is employed by County of Riverside DPSS, unless the agreement is terminated earlier.

Teleworking is available only to eligible employees and is offered at Employer's sole discretion. Teleworking is not available to the entire organization. As such, no employee is entitled or guaranteed the opportunity to telework.

Termination of Agreement - Either party may terminate Telecommuter's participation in the program, with or without cause, upon reasonable notice in writing to the other party. Employer will not be held responsible for costs, damages or losses resulting from terminating this teleworking program. This Agreement is not a contract of employment and shall not be construed as such.

Salary, Job Responsibilities, Benefits - Telecommuter agrees to comply with all existing job requirements as are in effect in the office. Salary and benefits will not change because of involvement in this telework program. Specific job responsibilities may only be modified with the agreement of Telecommuter's supervisor.

Work hours, Overtime, Vacation - Work hours are not expected to change during the program. In the event that overtime is anticipated, it must be discussed and approved in advance with the Telecommuter's manager, just as any overtime scheduling would normally be approved.

Work Schedule - The daily work schedule for the days when working remotely or at home is subject to approval by Telecommuter's manager. The manager may require that Telecommuter work certain "core hours" and be accessible by telephone or otherwise during those hours.

Equipment - Telecommuter must have all necessary equipment in a suitable home or remote office location to do their jobs. DPSS may elect to provide

Name of Telecommuter _____

computer, software, and other equipment needed for teleworking. If provided, such property or equipment, these items remain the property of DPSS and must immediately be returned upon request. Any computer, software, or other equipment or supplies provided by DPSS are provided for the sole use of the Telecommuter to perform their jobs. DPSS owned software may not be duplicated.

Telecommuter may use personal equipment for teleworking purposes. In such cases, Telecommuter will be responsible for the maintenance and insurance required for such equipment.

Workspace - Telecommuter agrees to designate a workspace within their remote work location that is quiet and free from interruption, and for placement and installation of equipment to be used while teleworking. Telecommuter agrees to maintain this workspace in a safe condition, free from hazards and other dangers to Telecommuter and equipment. DPSS may approve the site chosen as Telecommuter's remote workspace. If requested, Telecommuter shall submit photos of the home workspace to their manager prior to commencing teleworking.

Telecommuter agrees that DPSS can make on-site visits (with advance notice) to the remote work location for the purpose of determining that the site is suitable for telework, safe and free from hazards, and to maintain, repair, inspect, or retrieve employer-owned equipment, software, data or supplies. In the event the Telecommuter fails to return employer-owned property or equipment upon demand, and legal action is required to regain possession of this property or equipment, Telecommuter agrees to pay all costs incurred by DPSS, including attorney's fees, should Employer prevail.

Any DPSS-owned or provided materials taken home or to the remote work location should be kept in the designated work area and not made accessible to others.

Office Supplies - Office supplies are the responsibility of the telecommuter, but the employer may provide necessary supplies. Telecommuter's out-of-pocket expenses for supplies will not be reimbursed.

Liability for Injuries - Telecommuter understands that they remain liable for injuries to third persons and/or members of their family on Telecommuter's premises. Telecommuter agrees to defend, indemnify and hold harmless the County of Riverside and County of Riverside DPSS, its affiliates, employees, contractors and agents, from and against any and all claims, demands or liability (including any related losses, costs, expenses, and attorney fees) resulting from, or arising in connection with, any injury to persons (including death) or

Name of Telecommuter _____

damage to property caused, directly or indirectly, by the services provided herein by Telecommuter or by Telecommuter's willful misconduct, negligent acts or omissions in the performance of the Employee's duties and obligations under this Agreement, except where such claims, demands, or liability arise solely from the gross negligence or willful misconduct of the Employer.

Dependent Care - Teleworking is not a substitute for dependent care. Telecommuter will not be available during district core hours to provide dependent care or supervision.

Income Tax - It will be the Telecommuter's responsibility to determine any income tax implications of maintaining a home office area. Employer will not provide tax guidance nor will Employer assume any additional tax liabilities. Telecommuters are encouraged to consult with a qualified tax professional to discuss any income tax implications.

Evaluation - Telecommuters are required to participate in any employer studies, surveys, training, inquiries, reports and analyses relating to this telework program.

Telecommuter remains obligated to comply with all of Employer's rules, practices, instructions and this Agreement. Telecommuter understands that violation of any of the above may result in terminating this arrangement.

Name of Telecommuter _____

Conditions for teleworking agreed upon by the telecommuter and his/her supervisor:

1. The employee agrees to work at the following location:
2. The employee will telework _____ days per week.
3. The employee's work hours will be from _____ a.m. to _____ p.m.
4. The following are the assignments to be worked on by the employee at the remote location, with expected delivery dates:

5. The following equipment will be used by the employee at the remote location:

6. The employee agrees to call the central office to get his/her messages at least _____ times per day.

7. The employee agrees to check and respond to e-mail messages at least _____ times per day.

8. The employee agrees to get all supplies needed for teleworking from the district office. Reimbursement for out-of-pocket expenses for supplies will not be provided.

9. Additional conditions agreed upon by the telemanager and telecommuter are as follows:

Name of Telecommuter _____

I have reviewed the telecommuter agreement with
prior to his/her participation in teleworking program.

Date Supervisor Name Signature

The above material has been discussed with me.

Date Employee Name Signature

I have read and understand this agreement and accept its conditions.

Employee name ("Telecommuter") Date

I have reviewed the terms of this agreement with _____ (Employee
name)

Supervisor name Date

Telework SoCal is not engaged in rendering legal advice, and provides these forms free of charge solely to assist businesses exploring teleworking arrangements with their employees. By using these materials, the recipient (1) acknowledges and agrees that the Telework SoCal makes no representations regarding the sufficiency (legal or otherwise) of these materials in any particular jurisdiction or for any particular business purpose, and (2) voluntarily and knowingly assumes all risks associated with their use.

Name of Telecommuter _____

County of Riverside Department of Public Social Services Employee Telecommuter Agreement

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This agreement is effective October 1, 2012, and remains in effect until March 31, 2013 while _____(employee name) teleworks and is employed by County of Riverside DPSS, unless the agreement is terminated earlier.

Teleworking is available only to eligible employees and is offered at Employer's sole discretion. Teleworking is not available to the entire organization. As such, no employee is entitled or guaranteed the opportunity to telework.

Termination of Agreement - Either party may terminate Telecommuter's participation in the program, with or without cause, upon reasonable notice in writing to the other party. Employer will not be held responsible for costs, damages or losses resulting from terminating this teleworking program. This Agreement is not a contract of employment and shall not be construed as such.

Salary, Job Responsibilities, Benefits - Telecommuter agrees to comply with all existing job requirements as are in effect in the office. Salary and benefits will not change because of involvement in this telework program. Specific job responsibilities may only be modified with the agreement of Telecommuter's supervisor.

Work hours, Overtime, Vacation - Work hours are not expected to change during the program. In the event that overtime is anticipated, it must be discussed and approved in advance with the Telecommuter's manager, just as any overtime scheduling would normally be approved.

Work Schedule - The daily work schedule for the days when working remotely or at home is subject to approval by Telecommuter's manager. The manager may require that Telecommuter work certain "core hours" and be accessible by telephone or otherwise during those hours.

Equipment - Telecommuter must have all necessary equipment in a suitable home or remote office location to do their jobs. DPSS may elect to provide

Name of Telecommuter _____

computer, software, and other equipment needed for teleworking. If provided, such property or equipment, these items remain the property of DPSS and must immediately be returned upon request. Any computer, software, or other equipment or supplies provided by DPSS are provided for the sole use of the Telecommuter to perform their jobs. DPSS owned software may not be duplicated.

Telecommuter may use personal equipment for teleworking purposes. In such cases, Telecommuter will be responsible for the maintenance and insurance required for such equipment.

Workspace - Telecommuter agrees to designate a workspace within their remote work location that is quiet and free from interruption, and for placement and installation of equipment to be used while teleworking. Telecommuter agrees to maintain this workspace in a safe condition, free from hazards and other dangers to Telecommuter and equipment. DPSS may approve the site chosen as Telecommuter's remote workspace. If requested, Telecommuter shall submit photos of the home workspace to their manager prior to commencing teleworking.

Telecommuter agrees that DPSS can make on-site visits (with advance notice) to the remote work location for the purpose of determining that the site is suitable for telework, safe and free from hazards, and to maintain, repair, inspect, or retrieve employer-owned equipment, software, data or supplies. In the event the Telecommuter fails to return employer-owned property or equipment upon demand, and legal action is required to regain possession of this property or equipment, Telecommuter agrees to pay all costs incurred by DPSS, including attorney's fees, should Employer prevail.

Any DPSS-owned or provided materials taken home or to the remote work location should be kept in the designated work area and not made accessible to others.

Office Supplies - Office supplies are the responsibility of the telecommuter, but the employer may provide necessary supplies. Telecommuter's out-of-pocket expenses for supplies will not be reimbursed.

Liability for Injuries - Telecommuter understands that they remain liable for injuries to third persons and/or members of their family on Telecommuter's premises. Telecommuter agrees to defend, indemnify and hold harmless the County of Riverside and County of Riverside DPSS, its affiliates, employees, contractors and agents, from and against any and all claims, demands or liability (including any related losses, costs, expenses, and attorney fees) resulting from, or arising in connection with, any injury to persons (including death) or

Name of Telecommuter _____

damage to property caused, directly or indirectly, by the services provided herein by Telecommuter or by Telecommuter's willful misconduct, negligent acts or omissions in the performance of the Employee's duties and obligations under this Agreement, except where such claims, demands, or liability arise solely from the gross negligence or willful misconduct of the Employer.

Dependent Care - Teleworking is not a substitute for dependent care. Telecommuter will not be available during district core hours to provide dependent care or supervision.

Income Tax - It will be the Telecommuter's responsibility to determine any income tax implications of maintaining a home office area. Employer will not provide tax guidance nor will Employer assume any additional tax liabilities. Telecommuters are encouraged to consult with a qualified tax professional to discuss any income tax implications.

Evaluation – Telecommuters are required to participate in any employer studies, surveys, training, inquiries, reports and analyses relating to this telework program.

Telecommuter remains obligated to comply with all of Employer's rules, practices, instructions and this Agreement. Telecommuter understands that violation of any of the above may result in terminating this arrangement.

Name of Telecommuter _____

Conditions for teleworking agreed upon by the telecommuter and his/her supervisor:

1. The employee agrees to work at the following location:
2. The employee will telework _____ days per week.
3. The employee's work hours will be from _____ a.m. to _____ p.m.
4. The following are the assignments to be worked on by the employee at the remote location, with expected delivery dates:

5. The following equipment will be used by the employee at the remote location:

6. The employee agrees to call the central office to get his/her messages at least _____ times per day.
7. The employee agrees to check and respond to e-mail messages at least _____ times per day.
8. The employee agrees to get all supplies needed for teleworking from the district office. Reimbursement for out-of-pocket expenses for supplies will not be provided.

9. Additional conditions agreed upon by the telemanager and telecommuter are as follows:

Name of Telecommuter _____

I have reviewed the telecommuter agreement with
prior to his/her participation in teleworking program.

Date Supervisor Name Signature

The above material has been discussed with me.

Date Employee Name Signature

I have read and understand this agreement and accept its conditions.

Employee name ("Telecommuter") Date

I have reviewed the terms of this agreement with _____ (Employee
name)

Supervisor name Date

Telework SoCal is not engaged in rendering legal advice, and provides these forms free of charge solely to assist businesses exploring teleworking arrangements with their employees. By using these materials, the recipient (1) acknowledges and agrees that the Telework SoCal makes no representations regarding the sufficiency (legal or otherwise) of these materials in any particular jurisdiction or for any particular business purpose, and (2) voluntarily and knowingly assumes all risks associated with their use.

**County of Riverside Department of Public Social Services
Teleworker Selection Survey for Employees**

Telework is a workplace strategy that can involve working from home or another location on a full- or part-time basis. Teleworking can be a productive scheduling practice for many employees although it may not be feasible for employees whose job duties and home environment may not be conducive to working away from the office. Teleworking arrangements are successful when an employee's work responsibilities and personal work style is well matched with working away from the office. Telework, for the purposes of this Program, does not include an employee reporting to the site of a client of the Department of Public Social Services.

This questionnaire provides an opportunity to consider whether teleworking will be an effective tool for meeting organizational and personal objectives. Responses to this questionnaire will help you and your supervisor to assess if teleworking can work for your EMPLOYER and you.

This questionnaire must be completed by each person participating in the pilot teleworking program.

Teleworking Screening Survey for Employees

Name: _____ Supervisor: _____
Classification: _____ Department: _____

1. Please describe your current job tasks.

2. The following four groups of characteristics relate respectively to your existing work, to your future work as it can be adapted to teleworking, to you as an employee, and to your manager. Please rate each characteristic as high (H), medium (M), or low (L) by placing the appropriate letter in each blank.

Existing Work Characteristics

Please rate the following according to your existing job requirements and characteristics.

- _____ Amount of face-to-face contact required
- _____ Degree of telephone communications required
- _____ Autonomy of operation
- _____ Ability to control and schedule work flow
- _____ Amount of in-office reference material required

Future Work as a Teleworker

Please rate the following job characteristics in terms of their adaptability to teleworking.

- _____ Amount of face-to-face contact required
- _____ Degree of telephone communications required
- _____ Autonomy of operation
- _____ Ability to control and schedule work flow
- _____ Amount of in-office reference material required

Employee Characteristics

Please rate the following according to your own characteristics as an employee, and as a teleworker.

- _____ Need for supervision, frequent feedback
- _____ Importance of co-workers' input to work function
- _____ Disciplined regarding work
- _____ Desire/need to be around people
- _____ Potential friction at home if teleworking (e.g. interruptions due to caring for sick child or spouse)
- _____ Level of job knowledge
- _____ Quality of work

3. Considering the nature of your job, how much would you want to telework?
(Choose one)

- | | |
|---|---|
| <input type="checkbox"/> (a) About once every 2 weeks | <input type="checkbox"/> (d) Three days a week |
| <input type="checkbox"/> (b) About once a week | <input type="checkbox"/> (e) Occasionally for a special project |
| <input type="checkbox"/> (c) Two days a week | <input type="checkbox"/> (f) Other: _____ |

4. What kinds of work would you expect to do while teleworking? (Choose as many as apply)

- | | |
|---|---|
| <input type="checkbox"/> (a) Writing/typing | <input type="checkbox"/> (f) Research |
| <input type="checkbox"/> (b) Planning | <input type="checkbox"/> (g) Sales calls |
| <input type="checkbox"/> (c) Data management | <input type="checkbox"/> (h) Preparing reports |
| <input type="checkbox"/> (d) Administrative | <input type="checkbox"/> (i) Field visits |
| <input type="checkbox"/> (e) Reading | <input type="checkbox"/> (j) Other (please specify) |
| <input type="checkbox"/> (k) Computer programming | |
-

5. Given the amount of teleworking you want to do, and the kinds of work you would do while teleworking, what equipment/services would you need, and which of those do you currently have? (Check appropriate box)

	Need	Have
Computer/terminal	<input type="checkbox"/>	<input type="checkbox"/>
Hi-speed Internet	<input type="checkbox"/>	<input type="checkbox"/>
Desk, filing space, other furniture	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>

6. Do you have adequate space in your home to dedicate to working?

- (a) Yes (b) No

7. Are there any distractions/obligations that will make working at home difficult or impossible?

- (a) Yes (b) No

If yes, specify _____

**County of Riverside Department of Public Social Services
Teleworker Selection Survey for Supervisors**

Teleworking is a workplace strategy that involves working from home or another location, on a full or part-time basis. Telework, for the purposes of this Program, does not include an employee reporting to the site of a client of the employer. Every supervisor/manager must fill out a questionnaire on their employees who are interested in teleworking.

Supervisor

Name: _____

Names of employees under your direct supervision who are considered candidates for teleworking:

1. Is the work done by any of your staff as it currently exists or with modifications suitable for teleworking, at least part of the time?

- (a) Yes
 (b) No Please explain why.

If your answer was "no," this completes the survey for you. Thanks!

2. Please describe the kind of work your employees do.

Supervisor Characteristics

Based on your attitude towards teleworking and work style, please rate the following.

- ____ Positive attitude toward teleworking
____ Trust employee's ability to telework
____ Ability to establish clear objectives
____ Ability to communicate with employees

3. The rest of the survey should be completed for each of your employees who may participate in the teleworking program. Some questions, such as those dealing with your management style, will probably have the same answers for each employee. Please rate each characteristic as high (H), medium (M), or low (L) by placing the appropriate letter in each blank. Some questions, however, will inevitably have different answers for different employees. Please duplicate this form for each employee.

Employee name _____

Existing Work Characteristics

Please rate the following according to your employee's existing job requirements and characteristics.

- ___ Amount of face-to-face contact required
- ___ Degree of telephone communications required
- ___ Autonomy of operation
- ___ Ability to control and schedule work flow
- ___ Amount of in-office reference material required

Future Work as a Teleworker

Please rate the following job characteristics for your employee in terms of his/her adaptability to teleworking.

- ___ Amount of face-to-face contact required
- ___ Degree of telephone communications required
- ___ Autonomy of operation
- ___ Ability to control and schedule work flow
- ___ Amount of in-office reference material required

Employee Characteristics

Please rate the following according to your employee's characteristics.

- ___ Need for supervision, frequent feedback
- ___ Importance of co-workers' input to work function
- ___ Discipline regarding work
- ___ Desire/need to be around people
- ___ Potential friction at home if teleworking (e.g. interruptions due to caring for sick child or spouse)
- ___ Level of job knowledge
- ___ Quality of work

4. What criteria do you use to evaluate your employee's work? (For example: quality of work, quantity of work, timeliness, etc. Please be specific.)

5. Considering the nature of your employee's jobs, how much would you want him/her to telework? (Choose one only)

- (a) About once every 2 weeks
- (b) About once a week
- (c) Two days a week
- (d) Three days a week
- (e) Occasionally for a special project

6. What kinds of work would you expect him/her to do while teleworking? (Choose all that apply)

- (a) Writing/typing
 - (b) Planning
 - (c) Data management
 - (d) Administrative
 - (e) Reading
 - (k) Computer programming
 - (f) Research
 - (g) Sales calls
 - (h) Preparing reports
 - (i) Field visits
 - (j) Other (please specify)
-

Name of Telecommuter _____

County of Riverside Department of Public Social Services Self-certification Safety Checklist for Telecommuters

The following checklist is designed to assess the overall safety of your alternative worksite. Please read and complete the self-certification safety checklist. Upon completion, you and your supervisor/manager should sign and date the checklist in the spaces provided.

Name:

Division:

1. Are temperature, noise, ventilation and lighting levels adequate for maintaining your normal level of job performance?

Yes [] No []

2. Are all stairs with four or more steps equipped with handrails?

Yes [] No []

3. Are all circuit breakers and/or fuses in the electrical panel labeled as to intended service?

Yes [] No []

4. Do circuit breakers clearly indicate if they are in the open or closed position?

Yes [] No []

5. Is all electrical equipment free of recognized hazards that would cause physical harm (frayed wires, bare conductors, loose wires, flexible wires running through walls, exposed wires to the ceiling)?

Yes [] No []

6. Will the building's electrical system permit the grounding of electrical equipment?

Yes [] No []

7. Are aisles, doorways, and corners free of obstructions to permit visibility and movement?

Yes [] No []

Name of Telecommuter _____

8. Are file cabinets and storage closets arranged so drawers and doors do not open into walkways?

Yes [] No []

9. Do chairs have any loose casters (wheels) and are the rungs and legs of the chairs sturdy?

Yes [] No []

10. Are the phone lines, electrical cords, and extension wires secured under a desk or alongside a baseboard?

Yes [] No []

11. Is the office space neat, clean, and free of excessive amounts of combustibles?

Yes [] No []

12. Are floor surfaces clean, dry, level, and free of worn or frayed seams?

Yes [] No []

13. Are carpets well secured to the floor and free of frayed or worn seams?

Yes [] No []

14. Is there enough light for reading?

Yes [] No []

B. Computer Workstation (if applicable)

15. Is your chair adjustable?

Yes [] No []

16. Do you know how to adjust your chair?

Yes [] No []

17. Is your back adequately supported by a backrest?

Yes [] No []

18. Are your feet on the floor or fully supported by a footrest?

Yes [] No []

19. Are you satisfied with the placement of your monitor and keyboard?

Yes [] No []

20. Is it easy to read the text on your screen?

Yes [] No []

21. Do you need a document holder?

Yes [] No []

Name of Telecommuter _____

22. Do you have enough leg room at your desk?

Yes [] No []

23. Is the screen free from noticeable glare?

Yes [] No []

24. Is the top of the screen eye level?

Yes [] No []

25. Is there space to rest the arms while not keying?

Yes [] No []

26. When keying, are your forearms close to parallel with the floor?

Yes [] No []

27. Are your wrists fairly straight when keying?

Yes [] No []

Employee's Signature and Date: _____

Immediate Supervisor's Signature and Date: _____

Approved [] Disapproved []

Please return a copy of this form to your telecommuting program coordinator

DRAFT