

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



ITEM: 3.41
(ID # 13616)

MEETING DATE:
Tuesday, January 26, 2021

FROM : HUMAN RESOURCES:

SUBJECT: HUMAN RESOURCES: Revision of Board of Supervisors Policy K-3,
Telecommuting Program; ALL DISTRICTS; [\$0]

RECOMMENDED MOTION: That the Board of Supervisors:

1. Approve the proposed revisions of Board Policy K-3, Telecommuting Program

ACTION:Policy




Brenda Diederichs, Assistant CEO / Human Resources Director 1/27/2021

MINUTES OF THE BOARD OF SUPERVISORS

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

Ayes: Jeffries, Spiegel, Washington, Perez, and Hewitt
Nays: None
Absent: None
Date: January 26, 2021
xc: HR

Kecia R. Harper
Clerk of the Board

By: 
Deputy

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FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost
COST	\$ 0	\$ 0	\$ 0	\$ 0
NET COUNTY COST	\$ 0	\$ 0	\$ 0	\$ 0
SOURCE OF FUNDS: Departmental Budgets 100%			Budget Adjustment:	No
			For Fiscal Year:	20/21

C.E.O. RECOMMENDATION: Approve

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 required for employees to commute to work. Telecommuting Programs have evolved since then and most recently COVID-19 unexpectedly thrust the world into considering telecommuting options on a scale not previously contemplated.

As a result of COVID-19, many departments deployed large populations of their staff to work from home in March of 2020. Although a significant number of staff were placed into remote work under emergent circumstances, the current Board of Supervisors Policy K-3, Telecommuting Program (BOS Policy K-3), last revised in September of 2014, does not provide the flexibility needed in these circumstances.

Accordingly, and as part of the ongoing COVID-19 updates provided to employees and Departments by Human Resources (HR), a Temporary Telecommuting Agreement was created for the COVID-19 pandemic to allow staff to telecommute even if some of the eligibility criteria of the current policy were not fully met. For example, the Temporary Telecommute Agreement permits temporary and probationary employees to telecommute, as well as employees who have childcare challenges associated with COVID-19 (as long as doing so did not substantially interfere with the operations of the Department). There is now a need to update the telecommuting Board Policy to ensure all Departments that opt to allow telecommuting for their employees are doing so appropriately and have the ability to hold their employees accountable while working remotely.

Therefore, Human Resources is recommending that policy is revised to meet the evolving needs of Departments during these ever-challenging times. HR worked with many of our stakeholders to determine the needs of our large and complex organization and the revisions that are before the Board for approval today. Given the wide range of services and programs offered by the County and the unique needs and requests of departments, the intent of the proposed revisions is to allow

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departmental flexibility, while also establishing telecommuting best practices. For these reasons, Human Resources chose to take a simplified approach to the Telecommuting Policy and focused on explaining the expectations of all parties involved while also using supplemental documentation to dive further into the logistics of the program and institute best practices.

The proposed revisions to the BOS Policy K-3 and the programmatic materials, discussed below, are intended to provide the broad policy outlines for a Countywide program, while allowing departments the ability to further refine the program based on their individual departmental needs, provided that they consult with HR prior to implementation in order to ensure compliance with labor laws. While the materials give the departments options to make some adjustments, they also establish that telecommuting is a privilege and not a right, and the employees are expected to maintain satisfactory performance and be just as available as if they were working on site. It is believed that this balance of flexibility and clear performance/availability expectations will be the best fit for the County overall.

To supplement the revised policy, a Telecommuting Program Guide has been developed to focus on the finer details of the telecommuting policy and how it is intended to be implemented. Additionally, as a result of a request from one of the labor unions, a COVID-19 Relief Form: Telecommuting/Remote Exception Request Form was created, which provides an informal review procedure for employees who have had their requests to telecommute denied by their supervisors or managers. Other documents existed in Policy K-3 in some form but have been revised to be consistent with this updated approach to telecommuting. These items, as well as other telecommuting resources and required trainings will be made available on the Human Resources website.

Impact on Residents and Businesses

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

ATTACHMENTS (if any, in this order):

Attachments related to the BOS Policy K-3 (2 Packets):

(Note: Only Attachment 1 is different in each packet the rest are the same)

1. Redlined K-3 BOS Policy (1st packet); Final Draft K-3 BOS Policy (2nd Packet)
2. Existing Board Policy K-3, Telecommuting Program
3. Telecommuting Program Guide;
4. Telecommuting Application;
5. Telecommuting Safety Checklist;
6. Telecommuting Work Program Agreement;
7. COVID-19 Relief Form: Telecommuting/Remote Exception Request Form;
8. Telecommuting Toolkit highlights page with Website link; and

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9. Telecommuting Toolkit Website visual.



Brenda Deiderichs, Assistant CEO / Human Resources Director

1/7/2021



Gregory K. Priamos, Director County Counsel

1/7/2021

ATTACHMENT 1

Redline BOS Policy K-3

**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 Program for employees of the County of Riverside. The County of Riverside is committed to offering telecommuting to employees as a flexible means to perform County work where operationally feasible. The Telecommuting Program ~~is an effective workplace option, which~~ promotes employee productivity, improved work efficiencies, cost effectiveness, and greater environmental responsibility.

SCOPE

All County Employees.

I. DEFINITION 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, temporary, on-going, and/or rotational basis.

II. EMPLOYEE ELIGIBILITY CRITERIA

Telecommuting is a voluntary, alternate work arrangement between the employee and the Department. Participation in the Program is solely a management prerogative, not an employee right. Participation in the Program is based on an evaluation of unique operational needs.

Employees who wish to participate in the Telecommuting Program will complete a Telecommuting Application, located on Human Resources (HR) Telecommuting Toolkit website (<https://rc-hr.com/Telecommuting-Toolkit>) and submit it to their supervisor/manager. Participation in the Program shall be subject to Department Head (or designee) approval.

When considering telecommuting for an employee, the supervisor/manager and Department should evaluate the following factors to determine whether a telecommuting arrangement is viable:

- Employee is sufficiently trained to perform the full scope of their work with little direct supervision/guidance or is able to receive sufficient supervision and guidance remotely.
- Employee has work assignments and job duties that allow him or her to work remotely.
- Employee has Department approval to participate in the program.
- Employee can have their performance effectively monitored and managed remotely.
- Employee can work independently.
- Employee can manage his or her time effectively, as determined by the Manager/Supervisor and Department.
- Employee and Department has all necessary equipment, software, connectivity and adequate tools to successfully complete all required job tasks, assignments, and essential functions.

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<ul style="list-style-type: none">• Employee will be able to maintain productivity standards for quantity, quality, and timeliness of work.• The Department is able to support the programmatic needs of maintaining a well-functioning Telecommuting Program including ensuring programmatic consistency and needs, as well as evaluation of performance and efficiency.• The Department is willing to collaborate on Telecommuting Countywide issues when needed.		

III. PROGRAM PARTICIPATION

Employees will:

- The employee will remain accessible and productive during the agreed upon scheduled work hours and should remain available by telephone, email and other applicable collaboration systems.
- Be familiar with, and responsible for abiding by the terms of the Telecommuting Policies and Agreement set forth in this document and/or the HR Telecommuting Toolkit.
- Complete all telecommuting training and forms and training ~~before requesting to telecommute or prior to~~ commencing telecommuting.
- The employee (with a non-exempt status) will refrain from working overtime hours while telecommuting unless specifically authorized by the Department.
- The employee is responsible for self-certifying that their home working environment has a clear and defined workspace that is kept clean and orderly.
- The employee will also maintain safe working conditions and practice appropriate safety habits.
- The employee will communicate regularly with his or her supervisor and co-workers.
- The employee will maintain satisfactory performance standards.
- The employee will comply with all County-required security policies and procedures.
- The employee will protect all government records and data against unauthorized disclosure, access, mutilation, obliteration or destruction, etc.
- The employee shall ensure they have the equipment/resources (personal or County) needed to perform their work effectively and safely.
- The employee shall keep the Department apprised of any new or revised accommodation requests when telecommuting as outlined under the Americans with Disabilities Act (ADA) and Fair Employment and Housing Act (FEHA).
- The employee shall be responsible for maintaining any work-related equipment owned by the employee or the County.
- The employee shall safeguard and ensure County-owned equipment is used only for officially authorized purposes.
- The employee shall ensure personal equipment is sufficient to perform his or her work effectively and safely.
- The employee shall ensure that all County equipment is returned to the County upon the termination of the telecommuting status, or if the employee separates from County service.

IV. Managers / Supervisors will:

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- Review requests from employees and ~~meet with employees to determine where requests deemed to be operational~~operationally feasibility, meet with them to discuss requests to telecommute.
- Ensure that employees and managers/supervisors complete telecommuting training prior to commencing telecommuting.
- Review telecommuting documentation and make sure it is complete before submitting requests to upper management for review.
- Secure approval from upper management before offering an employee telecommuting privileges.
- Forward all signed paperwork to appropriate authorities within the Department for record keeping purposes.
- ~~Maintain control and records over County-owned property used by telecommuters.~~
- Be responsible for day-to-day performance of telecommuting employees, as with other workers under their supervision.
- Continue to enforce all federal, state, and county policies and regulations. Memoranda of Understanding, guidance documents or any other rules that govern the employee relationship with the County.

V. Departments will:

- Identify a primary Departmental Telecommuting Coordinator that can develop and evaluate programmatic materials (i.e. establish and review Telecommuting internal operating policies, review internal requests, consult on appropriateness, etc.) and serve as an internal liaison for Department's needs within the broad policy guidelines set forth wherein.
- Identify a primary designee whom will be responsible to approve the telecommuting agreement and/or terminate the telecommuting agreement as needed.
- Confer and provide feedback within the greater Countywide organization as needed on areas that may have Countywide significance related to the success and efficiency of the County's Telecommuting Policy.
- Work collaboratively with the Human Resources Department on matters that are being revised specific to Department needs as outlined in Section 7 below the Telecommuting Guide.
- Be responsible for coordinating Telecommuter equipment needs where telecommuting is deemed operationally feasible.
- Address and liaise with their employees on any Telecommuter-related information security or configuration considerations.
- Communicate with Department Managers/Supervisors regularly on telecommuting status and evaluate program effectiveness.
- Ensure that employees have a safe work environment, and where appropriate schedule a safety inspection of the employee's home-office space ~~may be required as needed.~~ In the event that a safety inspection is deemed necessary, the employee will be provided a minimum of 48 hours' notice prior to the safety inspection, except in the case of an emergency.

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- Maintain control and records over County-owned property used by telecommuters.

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Please Note: All telecommuting related forms, including the Telecommuting Guide and the Telecommuting Toolkit can be accessed here: <https://rc-hr.com/telecommuting-toolkit>

Field Code Changed

- ~~1. Employees authorized to telecommute shall complete the Telecommuter Work Program Agreement (Web Location/Attachment Placeholder). This agreement shall be reviewed or renewed at least annually, and whenever there is a major job change, or the telecommuter or supervisor change positions.~~

~~Departments may also elect to require that the Telecommuter Work Program Agreement be reviewed more frequently as needed. Additionally, based on operational needs and requirements, Departments may elect to require productivity reporting for hours worked and activities performed while telecommuting.~~

- ~~2. The employee's duties, obligations, responsibilities, and conditions of employment with the County of Riverside remain consistent with the employee's classification and the same as if they were working at the Department's primary workplace. Additionally, telecommuting shall not affect the employee's salary and benefit status.~~
- ~~3. The employee will continue to comply with federal, state, and county policies and regulations while working at an alternate work location. The employee shall remain subject to all County of Riverside and Departmental disciplinary policies and procedures while performing work at the alternate workplace.~~

~~Employees are responsible for self-certifying that their home-work environment is in a safe condition and complies with identified safety requirements by completing and signing the Telecommuter Work Program Safety Checklist (Web Location/Attachment Placeholder). Telecommuters are required to immediately notify management or their supervisor about any changes to the telecommute site, i.e., address or material changes. The County of Riverside is responsible for ensuring that employees have a safe work environment; therefore, based upon information provided by the employee, 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.~~

~~The County's workers' compensation liability for injuries will extend to this telecommute space. 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.~~

~~Employee shall immediately report any work-related accident occurring at the telecommute site and provide the supervisor with all relevant information related to the accident. It may be necessary for a Safety Division representative to access the remote worksite to investigate the report following a reported workplace illness or injury.~~

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~~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. Accordingly, as a condition of telecommuting, the employee indemnifies and holds the County harmless against any such losses or claims, arising from losses or injury to family or third parties in the employee's home and/or home work space.~~

~~In no event shall customers be served "in person" at the Telecommuter's place of residence.~~

- ~~4. Telecommuters are required to work according to an agreed upon schedule, in accordance with their respective supervisor/manager's approval, including overtime. 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.~~

~~When necessary, Supervisors/Managers may limit the employee's telecommuting based on operational demands. An employee must forgo telecommuting whenever notified that he/she is needed in the office on a regularly scheduled telecommute day to ensure operational needs are met.~~

- ~~5. Telecommuting is not intended to be a substitute for day care or other personal obligations. Employees must make advance arrangements for dependent care to ensure a productive work environment. Where possible, employees shall attempt to make arrangements for regular dependent care and telecommuting shall not be used as an exclusive substitute for dependent care.~~

~~In instances where an employee may not be able to establish a primary caregiver while telecommuting, they are directed to notify their Supervisor/Manager immediately and provide the following-~~

- ~~• Definition of the need;~~
- ~~• Expected duration of the need;~~
- ~~• Frequency of the need; and~~
- ~~• Identification of how the employee will manage the work and dependent care concurrently.~~

~~The request to provide dependent care concurrent with County work performance will be reviewed and evaluated by the Department Head (or designee) to determine if the request can be approved.~~

- ~~6. The employee is fully responsible for ensuring proper use of any County-supplied equipment. The County will provide for repairs to and/or support of County equipment and software at a County office, vendor location or only by telephone. In-home support will not be provided. If employee uses personal equipment, the County accepts no responsibility for its maintenance and repair or any associated costs.~~

- ~~7. Department policies may establish additional criteria for the Telecommuting Program, as long~~

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~~as it is reviewed and approved by County Human Resources to ensure compliance with labor laws. Where a modification of the typical work schedule (i.e. allowing an employee to work weekend hours when not traditionally worked, etc.) is being contemplated for a specific employee or work group, evaluation by Labor Relations will be necessary.~~

- ~~8. The Telecommute Agreement may be cancelled at any time at the discretion of either the Supervisor/Manager, Department, or employee by written notification to include, but not limited to, the following: needs of the Department; change in the employee's work function; employee non-satisfactory performance, or abuse of the telecommute policy.~~

Reference:

- Minute Order 3.37 of 07/27/93
- Minute Order 3.4 of 12/18/07
- Minute Order 3-69 of 09/09/14
- Minute Order **x.xx** of **xx/xx/xx**

Draft

ATTACHMENT 2

Existing K-3 BOS 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.

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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 3.37 of 07/27/93
Minute Order 3.4 of 12/18/07
Minute Order 3-69 of 09/09/14

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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?

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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
BOARD OF SUPERVISORS POLICY

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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.

COUNTY OF RIVERSIDE, CALIFORNIA
BOARD OF SUPERVISORS POLICY

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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

ATTACHMENT 3



Telecommuting Program Guide



Please review the information below to learn the steps involved in being authorized to telecommute. Additional telecommuting resources can be located at: <https://www.rc-hr.com/Telecommuting-Toolkit>.

APPLICATION PROCESS

1. Employees who wish to participate in the Telecommuting Program are required to complete the following: (1) Telecommuting Application, (2) Safety Checklist, and (3) Telecommuting Work Program Agreement (Attachments 1, 2, and 3).
 - a. To begin, employees will submit a Telecommuting Application and Telecommuting Safety Checklist to his/her Supervisor/Manager (Attachment 1 and 2). Participation in the Program shall be subject to Department Head (or designee) approval¹.
 - b. If the Supervisor/Manager recommends approval of the Telecommuting Application, employees shall then complete the required Telecommuting Training (<https://www.rc-hr.com/Telecommuting-Toolkit>), and the Telecommuting Work Program Agreement before seeking approval from the Department Head/designee (Attachment 3).
 - c. Copies of the completed Telecommuting Application, Telecommuting Safety Checklist, and Telecommuting Work Program Agreement shall be maintained by the Department and employee for reference.
2. The Telecommuting Work Program Agreement shall be reviewed or renewed at least annually, and whenever there is a major job change, or the telecommuter or supervisor change positions. Departments may also elect to require that the Telecommuter Work Program Agreement be reviewed more frequently as needed. Participation in the Telecommuting Program may be terminated/revoked at any time at the Department's discretion. Additionally, based on operational needs and requirements, Departments may elect to require productivity reporting for hours worked and activities performed while telecommuting.

TELECOMMUTING SITE / HOME WORKSPACE

1. The County of Riverside is responsible for ensuring that employees have a safe work environment; however, while telecommuting, employees are responsible for self-certifying that the telecommuting site and/or home workspace is safe for the work s/he will be performing on behalf of the County. Completion of the Telecommuting Safety Checklist indicates that the employee has self-certified they can safely perform their job duties in their telecommuting workspace (Attachment 2). Depending on the circumstance, there may be instances where a safety inspection of the employee's home

¹ Of Note for Departments: Departments may elect to establish policies with additional criteria for the Telecommuting Program, as long as the policy(s) is reviewed and approved by County Human Resources to ensure compliance with labor laws. Where a modification of the typical work schedule (i.e. allowing an employee to work weekend hours when not traditionally worked, etc.) is being contemplated for a specific employee or work group, evaluation by Labor Relations will be necessary.



workspace may be required. If a safety inspection is required, the employee will be provided a 48-hour notice, except in the case of an emergency.

2. While telecommuting, the employee shall immediately report any work-related accident occurring at the telecommuting site and provide the supervisor with all relevant information related to the incident. It may be necessary for a Human Resources Department Safety Division representative to access the remote worksite to investigate the claim following a reported workplace illness or injury.
3. Telecommuters are required to immediately notify management or their supervisor of any changes to the telecommuting site should they occur (i.e., address or other material changes).

PROGRAM REQUIREMENTS

1. Participants in the Telecommuting Program shall acknowledge and abide by the below listed expectations.

In executing the Telecommuting Work Program Agreement, the employee acknowledges they have read and will abide by the terms outlined in the Board of Supervisors Policy K-3, Telecommuting Program, the Telecommuting Program Guide, the Telecommuting Forms (Attachments 1, 2 and 3), and have completed the requisite Telecommuting Training. Additionally, Telecommuters are acknowledging they will adhere to the below listed:

- a. Telecommuters are required to work according to an agreed-upon schedule, in accordance with their respective Supervisor/Manager's approval, including overtime. They will follow any guidelines set by the Department for office communications, such as, making regular calls to the office voicemail system to check for messages.
- b. When necessary, Supervisors/Managers may limit the employee's telecommuting based on operational demands. An employee must forgo telecommuting whenever notified that s/he is needed in the office on a regularly scheduled telecommute day to ensure operational needs are met. When possible, advanced notice will be provided in instances where telecommuting must be foregone due to operational demands.
- c. The employee's duties, obligations, responsibilities, and conditions of employment with the County of Riverside remain consistent with the employee's classification and the same as if they were working at the Department's primary workplace.
- d. Telecommuting is not intended to be a substitute for daycare or other personal obligations. Employees must make advance arrangements for dependent care to ensure a productive work environment. Where possible, employees shall attempt to make arrangements for regular dependent care and telecommuting shall not be used as an exclusive substitute for dependent care.



In instances where an employee may not be able to establish a primary caregiver while telecommuting, they are directed to notify their Supervisor/Manager immediately and provide the following information:

- Definition of the need for concurrent caregiver status;
- Expected duration of the need for concurrent caregiver status;
- Frequency of the need; and
- Identification of how the employee will manage the work and provide dependent care concurrently.

The request to provide dependent care concurrent with County work performance will be reviewed and evaluated by the Department Head (or designee) to determine if the request can be approved. If approved, the employee is still expected to perform at an acceptable level during County time.

- e. The employee will continue to comply with federal, state, and county policies and regulations while working at an alternate work location. The employee shall remain subject to all County of Riverside and departmental disciplinary policies and procedures while performing work at the alternate workplace.
- f. The County's workers' compensation liability for injuries will extend to the telecommuting site. 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 the employee's premises. The County is not liable for damage to the employee's real property. Accordingly, as a condition of telecommuting, the employee indemnifies and holds the County harmless against any such losses or claims, arising from losses or injury to family or third parties in the employee's home and/or home-workspace.

In no event shall customers be served "in-person" at the Telecommuter's place of residence.

- g. The employee is fully responsible for ensuring proper use of any County supplied equipment. The County will provide for repairs to and/or support of County equipment and software at a County office, vendor location, or only by telephone. In-home support will not be provided. If employee uses personal equipment, the County accepts no responsibility for its maintenance and repair or any associated costs. If the employees' personal equipment fails or is interfering with their ability to perform his/her job duties, then the employee is expected to immediately notify his/her supervisor for next steps, which may include immediate return to the worksite to continue their workday, or other solutions.



- h. The Telecommuting Agreement may be cancelled at any time at the discretion of either the Supervisor/Manager, Department, or employee by written notification to include, but not limited to, the following: needs of the Department; change in the employee's work function, employee non-satisfactory performance, or failure to abide by the requirements of the Telecommuting Program.

ATTACHMENTS 1-3

ATTACHMENT 1 – COUNTY OF RIVERSIDE TELECOMMUTING APPLICATION

ATTACHMENT 2 – COUNTY OF RIVERSIDE TELECOMMUTING SAFETY CHECKLIST

ATTACHMENT 3 - COUNTY OF RIVERSIDE TELECOMMUTING WORK PROGRAM AGREEMENT



ATTACHMENT 1 – COUNTY OF RIVERSIDE TELECOMMUTING APPLICATION



COUNTY OF RIVERSIDE TELECOMMUTING APPLICATION

EMPLOYEE SECTION

Date: _____

Employee Name: _____

Employee ID Number: _____

Department: _____

Job Classification: _____

Immediate Supervisor/Manager Name: _____

PROPOSED TELECOMMUTING SCHEDULE							
Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Indicate a ✓ on telecommuting day(s)							
Indicate scheduled hours, including lunch break while telecommuting							

Reason for requesting to telecommute:

Description of work to be conducted while telecommuting:

Is there any work you would not be able to conduct while telecommuting?

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

What equipment do you need that you currently do not 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.
- _____ Ability to perform job duties independently.
- _____ Ability to control and schedule workflow.
- _____ Clear understanding of job expectations.

I understand that telecommuting is a voluntary arrangement between the Supervisor/Manager, 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 certify that I have read and understand the Board Policy K-3, Telecommuting Program and the Telecommuting Program Guide and will comply with all requirements if approved by the Department to telecommute.

Employee Signature: _____ Date: _____

Upon completion forward original to your immediate Supervisor/Manager.

SUPERVISOR/MANAGER

Supervisor/Manager Name: _____

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

- The employee is maintaining satisfactory performance standards.
- The employee's 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 and/or if they do, arrangements have been made for the adjustment.

Budget Impact:

Recommendation for Approval/Denial:

- Recommend approval of application as requested by employee
- Recommend approval of application with modifications (see comments below)
- Recommend denial of application (see comments below)

Supervisor/Manager's Comments:

Supervisor/Manager Signature: _____ **Date:** _____

- ✓ Return original to the employee and keep one copy for your Supervisor/Manager records.
- ✓ If recommended for approval, instruct the employee to complete the required Telecommuting Training and the Telecommuting Work Program Agreement pursuant to the agreed upon terms in the above application.



ATTACHMENT 2 - COUNTY OF RIVERSIDE TELECOMMUTING SAFETY CHECKLIST



TELECOMMUTING SAFETY CHECKLIST

This checklist is used to assess the overall safety of the remote work location. The checklist must be completed and submitted to the employee's Supervisor/Manager for review along with the Telecommuting Application (Attachments 1 and 2 of the Telecommuting Program Guide). The employee and Department will retain a copy for their records.

I self-certify that my remote workspace is as follows:

1. Are temperature, noise, ventilation, and lighting level adequate for maintaining your normal level of job performance? Yes No
2. Are all supplies and equipment in good working condition and can be safely used as intended? Yes No
3. Is storage organized to minimize risks of fire? Yes No
4. Is all electrical equipment free of recognized hazards that would cause physical harm (frayed wires, bare conductors, loose wires or fixtures, exposed wiring on the ceiling or walls)? Yes No
5. Will the location's electrical system permit the grounding of electrical equipment (a three-prong receptacle)? Yes No
6. Are the file cabinets and storage closets arranged so drawers and doors do not enter walkways? Yes No
7. In case of fire, is there a primary exit path free of obstruction and easy to use? Yes No

I have completed the Telecommuting Safety Checklist accurately and honestly to the best of my knowledge. I understand that I have the right to request the Safety Division to conduct an ergonomic evaluation of my remote work site per the County of Riverside's Safety Manual Document 2005 or to have additional training provided.

Employee Signature

Date

Supervisor/Manager Signature

Date

Department Head (or Designee) Signature
(To be signed upon execution of the Telecommuting Work Program Agreement)

Date



ATTACHMENT 3 - COUNTY OF RIVERSIDE TELECOMMUTING WORK PROGRAM AGREEMENT



**COUNTY OF RIVERSIDE
TELECOMMUTING WORK PROGRAM AGREEMENT**

This Telecommuting Work Program Agreement (Agreement) is between the Department (_____) and employee _____, (Employee ID Number _____).

This Agreement shall be effective on _____ and end or be re-evaluated on _____, unless the Agreement is otherwise terminated/revoked. As noted in the Telecommuting Program Guide, the Agreement shall be reviewed or renewed at least annually, and whenever there is a major job change, or the telecommuter or Supervisor/Manager change positions. Departments may also elect to require that the Agreement be reviewed more frequently as needed. The Agreement will be reviewed in accordance with the parameters specified within Riverside County Board of Supervisors Policy K-3, Telecommuting Program.

The Telecommuter will telecommute from the following alternative worksite (address):

In the event of change(s) to the telecommuting conditions, such as an address or other material change, the Telecommuter agrees to notify his/her Supervisor/Manager immediately.

Telecommuting Schedule

During the term of this Agreement, the Telecommuter will perform County work remotely on the following approved schedule:

APPROVED TELECOMMUTING SCHEDULE							
Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Indicate a ✓ on telecommuting day(s)							
Indicate scheduled hours, including lunch break while telecommuting							

Additional comments about telecommuting schedule, if applicable (telecommuting frequency, hours of availability, scheduled meal periods and/or breaks, etc.).

Telecommuting Expectations

- The Telecommuter agrees to be available by telephone and other messaging/collaboration mediums during the telecommuting hours indicated above, except during lunch or break periods. The Telecommuter shall be expected to self-certify that they performed County work during their scheduled telecommuting hours, which may be subject to additional review by the Department.
- The Telecommuter agrees that any modifications to telecommuting days that deviate from the Approved Telecommuting Schedule above must be pre-approved in advance. Overtime while telecommuting is not authorized unless approved in advance by the Supervisor/Manager.
- The Telecommuter agrees that use of sick leave, vacation, holiday, or other leaves on a scheduled telecommuting day must be approved in advance in accordance with applicable Departmental policies and procedures.
- The Telecommuter agrees to comply with all existing job requirements for his/her position.
- The Telecommuter shall maintain satisfactory performance and quality standards as required by the Department while telecommuting.
- The Telecommuter self-certifies through the Telecommuting Safety Checklist (Attachment 2 in the Program Guide) that they are able to perform their job duties safely in their telecommuting workspace.
- The Telecommuter agrees to comply with all County and Department policies and procedures while telecommuting including, but not limited to:
 - [Board Policy A-50, Electronic Media and Use Policy](#), which address permissible uses of County electronic media systems, prohibited uses, and access and disclosure. The Telecommuter shall have no expectation of privacy when using these systems. Further, the Telecommuter agrees that any equipment provided by the County is for the sole use of business-related functions only and not for personal use.
 - [Board Policy C-10, Alcohol and Drug Abuse Policy](#).
 - [Board Policy C-25, Non-Discrimination and Anti-Harassment Policy and Complaint Procedure](#).
 - [Board Policy C-27, Workplace Violence, Threats and Securities](#).
 - [Board Policy C-35 – Standards of Ethical Conduct to Address Fraud, Waste and Abuse](#).
- The Telecommuter agrees that the Department's need for them to report to the regular worksite based on operational demands will take precedence over scheduled telecommuting days, and that s/he must forgo telecommuting if needed at the worksite on a regularly scheduled telecommute day. When possible, advanced notice will be provided in instances where telecommuting must be foregone due to operational demands.
- The Telecommuter agrees to report any occupational injury or illness to his/her Supervisor/Manager immediately and complete all necessary and/or County requested documents regarding the incident.
- The Telecommuter agrees that s/he is solely liable for injuries to third persons and/or members of their family that occur on the Telecommuter's premises and accordingly indemnifies and holds the County harmless against any such related injuries, or losses.
- The Telecommuter agrees to adhere to the confidentiality policies of the Department and to protect County assets, information, and information systems at their home workspace.
- The Telecommuter agrees to protect and maintain any County-issued equipment/resources; to operate them safely; and to return the equipment/resources to the Supervisor/Manager

within 24 hours in the event that the Agreement is terminated/revoked. Additionally, any instances where County-issued equipment is lost, damaged, or stolen shall be reported to the Department immediately.

- The Telecommuter agrees that s/he is solely responsible for the operation, maintenance, and insurance required for his or her own personal equipment/resources. The County does not assume liability for loss, damage or wear of employee owned equipment/resources. The County is not responsible for any utility costs associated with the use of electronic equipment or occupation of the home.

**TELECOMMUTING WORK PROGRAM AGREEMENT
AUTHORIZATIONS**

I understand that telecommuting is a voluntary arrangement between the Supervisor/Manager, the Department, and the employee, and is not an entitlement or employee benefit. I understand that telecommuting may be terminated/revoked for any reason, at any time, by any party, with or without cause. I certify that I have read the County of Riverside Board Policy K-3, Telecommuting Program and the Telecommuting Program Guide, that I understand their contents, and that I will abide by their terms.

All of the below listed documents have been completed and will be retained by the Department and employee.

- Telecommuting Application
- Telecommuting Safety Checklist
- Telecommuting Work Program Agreement
- Telecommuting Training completed by employee on _____.
- Telecommuting Training for managing remote employees completed by Supervisor/Manager on _____.

By signing below, you are indicating that the above listed documents have been fully reviewed, executed and will be retained. All parties agree to abide by the terms.

Employee Signature	Date
Supervisor/Manager Signature	Date
Department Head (or Designee) Signature	Date

ATTACHMENT 4

Telecommuting



COUNTY OF RIVERSIDE TELECOMMUTING APPLICATION

EMPLOYEE SECTION

Date: _____

Employee Name: _____

Employee ID Number: _____

Department: _____

Job Classification: _____

Immediate Supervisor/Manager Name: _____

PROPOSED TELECOMMUTING SCHEDULE							
Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Indicate a ✓ on telecommuting day(s)							
Indicate scheduled hours, including lunch break while telecommuting							

Reason for requesting to telecommute:

Description of work to be conducted while telecommuting:

Is there any work you would not be able to conduct while telecommuting?

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

What equipment do you need that you currently do not 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.
- _____ Ability to perform job duties independently.
- _____ Ability to control and schedule workflow.
- _____ Clear understanding of job expectations.

I understand that telecommuting is a voluntary arrangement between the Supervisor/Manager, 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 certify that I have read and understand the Board Policy K-3, Telecommuting Program and the Telecommuting Program Guide and will comply with all requirements if approved by the Department to telecommute.

Employee Signature: _____ Date: _____

Upon completion forward original to your immediate Supervisor/Manager.

SUPERVISOR/MANAGER

Supervisor/Manager Name: _____

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

- The employee is maintaining satisfactory performance standards.
- The employee's 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 and/or if they do, arrangements have been made for the adjustment.

Budget Impact:

Recommendation for Approval/Denial:

- Recommend approval of application as requested by employee
- Recommend approval of application with modifications (see comments below)
- Recommend denial of application (see comments below)

Supervisor/Manager's Comments:

Supervisor/Manager Signature: _____ **Date:** _____

- ✓ Return original to the employee and keep one copy for your Supervisor/Manager records.
- ✓ If recommended for approval, instruct the employee to complete the required Telecommuting Training and the Telecommuting Work Program Agreement pursuant to the agreed upon terms in the above application.

ATTACHMENT 5



TELECOMMUTING SAFETY CHECKLIST

This checklist is used to assess the overall safety of the remote work location. The checklist must be completed and submitted to the employee's Supervisor/Manager for review along with the Telecommuting Application (Attachments 1 and 2 of the Telecommuting Program Guide). The employee and Department will retain a copy for their records.

I self-certify that my remote workspace is as follows:

1. Are temperature, noise, ventilation, and lighting level adequate for maintaining your normal level of job performance? Yes No
2. Are all supplies and equipment in good working condition and can be safely used as intended? Yes No
3. Is storage organized to minimize risks of fire? Yes No
4. Is all electrical equipment free of recognized hazards that would cause physical harm (frayed wires, bare conductors, loose wires or fixtures, exposed wiring on the ceiling or walls)? Yes No
5. Will the location's electrical system permit the grounding of electrical equipment (a three-prong receptacle)? Yes No
6. Are the file cabinets and storage closets arranged so drawers and doors do not enter walkways? Yes No
7. In case of fire, is there a primary exit path free of obstruction and easy to use? Yes No

I have completed the Telecommuting Safety Checklist accurately and honestly to the best of my knowledge. I understand that I have the right to request the Safety Division to conduct an ergonomic evaluation of my remote work site per the County of Riverside's Safety Manual Document 2005 or to have additional training provided.

Employee Signature

Date

Supervisor/Manager Signature

Date

Department Head (or Designee) Signature
(To be signed upon execution of the Telecommuting Work Program Agreement)

Date

ATTACHMENT 6



**COUNTY OF RIVERSIDE
TELECOMMUTING WORK PROGRAM AGREEMENT**

This Telecommuting Work Program Agreement (Agreement) is between the Department (_____) and employee _____, (Employee ID Number _____).

This Agreement shall be effective on _____ and end or be re-evaluated on _____, unless the Agreement is otherwise terminated/revoked. As noted in the Telecommuting Program Guide, the Agreement shall be reviewed or renewed at least annually, and whenever there is a major job change, or the telecommuter or Supervisor/Manager change positions. Departments may also elect to require that the Agreement be reviewed more frequently as needed. The Agreement will be reviewed in accordance with the parameters specified within Riverside County Board of Supervisors Policy K-3, Telecommuting Program.

The Telecommuter will telecommute from the following alternative worksite (address):

In the event of change(s) to the telecommuting conditions, such as an address or other material change, the Telecommuter agrees to notify his/her Supervisor/Manager immediately.

Telecommuting Schedule

During the term of this Agreement, the Telecommuter will perform County work remotely on the following approved schedule:

APPROVED TELECOMMUTING SCHEDULE							
Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Indicate a ✓ on telecommuting day(s)							
Indicate scheduled hours, including lunch break while telecommuting							

Additional comments about telecommuting schedule, if applicable (telecommuting frequency, hours of availability, scheduled meal periods and/or breaks, etc.).

Telecommuting Expectations

- The Telecommuter agrees to be available by telephone and other messaging/collaboration mediums during the telecommuting hours indicated above, except during lunch or break periods. The Telecommuter shall be expected to self-certify that they performed County work during their scheduled telecommuting hours, which may be subject to additional review by the Department.
- The Telecommuter agrees that any modifications to telecommuting days that deviate from the Approved Telecommuting Schedule above must be pre-approved in advance. Overtime while telecommuting is not authorized unless approved in advance by the Supervisor/Manager.
- The Telecommuter agrees that use of sick leave, vacation, holiday, or other leaves on a scheduled telecommuting day must be approved in advance in accordance with applicable Departmental policies and procedures.
- The Telecommuter agrees to comply with all existing job requirements for his/her position.
- The Telecommuter shall maintain satisfactory performance and quality standards as required by the Department while telecommuting.
- The Telecommuter self-certifies through the Telecommuting Safety Checklist (Attachment 2 in the Program Guide) that they are able to perform their job duties safely in their telecommuting workspace.
- The Telecommuter agrees to comply with all County and Department policies and procedures while telecommuting including, but not limited to:
 - [Board Policy A-50, Electronic Media and Use Policy](#), which address permissible uses of County electronic media systems, prohibited uses, and access and disclosure. The Telecommuter shall have no expectation of privacy when using these systems. Further, the Telecommuter agrees that any equipment provided by the County is for the sole use of business-related functions only and not for personal use.
 - [Board Policy C-10, Alcohol and Drug Abuse Policy](#).
 - [Board Policy C-25, Non-Discrimination and Anti-Harassment Policy and Complaint Procedure](#).
 - [Board Policy C-27, Workplace Violence, Threats and Securities](#).
 - [Board Policy C-35 – Standards of Ethical Conduct to Address Fraud, Waste and Abuse](#).
- The Telecommuter agrees that the Department's need for them to report to the regular worksite based on operational demands will take precedence over scheduled telecommuting days, and that s/he must forgo telecommuting if needed at the worksite on a regularly scheduled telecommute day. When possible, advanced notice will be provided in instances where telecommuting must be foregone due to operational demands.
- The Telecommuter agrees to report any occupational injury or illness to his/her Supervisor/Manager immediately and complete all necessary and/or County requested documents regarding the incident.
- The Telecommuter agrees that s/he is solely liable for injuries to third persons and/or members of their family that occur on the Telecommuter's premises and accordingly indemnifies and holds the County harmless against any such related injuries, or losses.
- The Telecommuter agrees to adhere to the confidentiality policies of the Department and to protect County assets, information, and information systems at their home workspace.
- The Telecommuter agrees to protect and maintain any County-issued equipment/resources; to operate them safely; and to return the equipment/resources to the Supervisor/Manager

within 24 hours in the event that the Agreement is terminated/revoked. Additionally, any instances where County-issued equipment is lost, damaged, or stolen shall be reported to the Department immediately.

- The Telecommuter agrees that s/he is solely responsible for the operation, maintenance, and insurance required for his or her own personal equipment/resources. The County does not assume liability for loss, damage or wear of employee owned equipment/resources. The County is not responsible for any utility costs associated with the use of electronic equipment or occupation of the home.

**TELECOMMUTING WORK PROGRAM AGREEMENT
AUTHORIZATIONS**

I understand that telecommuting is a voluntary arrangement between the Supervisor/Manager, the Department, and the employee, and is not an entitlement or employee benefit. I understand that telecommuting may be terminated/revoked for any reason, at any time, by any party, with or without cause. I certify that I have read the County of Riverside Board Policy K-3, Telecommuting Program and the Telecommuting Program Guide, that I understand their contents, and that I will abide by their terms.

All of the below listed documents have been completed and will be retained by the Department and employee.

- Telecommuting Application
- Telecommuting Safety Checklist
- Telecommuting Work Program Agreement
- Telecommuting Training completed by employee on _____.
- Telecommuting Training for managing remote employees completed by Supervisor/Manager on _____.

By signing below, you are indicating that the above listed documents have been fully reviewed, executed and will be retained. All parties agree to abide by the terms.

Employee Signature _____
Date

Supervisor/Manager Signature _____
Date

Department Head (or Designee) Signature _____
Date

ATTACHMENT 7



COVID-19 RELIEF FORM: TELECOMMUTING/REMOTE EXCEPTION REQUEST

This purpose of this form is to provide employees with the opportunity to request relief after a request to telecommute has been denied although a COVID-19 related reason has been cited.

Employee's Name/EEID #: _____ Job Classification: _____

Department/Division/Section: _____ Supervisor/Manager: _____

Specific request for relief: Alternative Workplace or Telecommute

If Alternative Workplace is requested, specify requested location: _____

Please identify the COVID-related reason that you feel your request should be considered as well as any impacts or challenges that are relevant:

By signing below, you are indicating that Board Policy K-3, Telecommuting Program and the Telecommuting Program Guide have been fully reviewed and you will abide by the terms if authorized to telecommute or work from an alternative workplace. Further, you acknowledge that you understand that approval of any relief is based upon the individual circumstances in each case.

Employee Signature: _____ Date: _____

Department/Supervisor/Manager: This employee's relief request has been reviewed and their COVID related issue(s) has been taken into consideration. Their request is:

- Approved (Employee will need to complete a Telecommuting Work Program Agreement)
- Not Approved (reasons stated below, refer to the Human Resources Business Partner (HRBP) for further review by HR.):

Department Head (or Designee) Signature: _____ Date: _____

ATTACHMENT 8

RIVCO HR

putting people *first*

The County of Riverside Telecommuting Toolkit Website can be found at the link below:

<https://www.rc-hr.com/Telecommuting-Toolkit>

The site includes the following:

- Highlights the County's Telecommuting Program
- Provides access in a single location to all telecommuting-related documents for the County of Riverside including:
 - o Board of Supervisors Board Policy K-3, Telecommuting Program
 - o Telecommuting Program Guide
 - o Telecommuting Application
 - o Telecommuting Safety Checklist
 - o Telecommuting Work Program Agreement
 - o COVID-19 Relief Form: Telecommuting / Remote Exception Request
- Outlines factors to consider when contemplating telecommuting
- Provides access to the required Telecommuting Trainings for both employees and managers with remote employees
- Provides recommendations for telecommuters
- Provides resources for telecommuters and managers with remote employees
- Provides the Safety Division contact information and website



Brenda L. Diederichs
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Michael Bowers – Assistant HR Director
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www.RC-HR.com

ATTACHMENT 9



County of Riverside Telecommuting Program

The County of Riverside is committed to offering telecommuting to employees as a flexible means to perform County work where operationally feasible. The Telecommuting Program promotes employee productivity, improved work efficiencies, cost-effectiveness, and greater environmental responsibility. Information about the County's Telecommuting Program can be found within Board Policy K-3, [Telecommuting Program](#).

Is Telecommuting Right for You?

- Can the work you perform be done remotely and can you successfully perform your job assignments at home?
- Are you able to devote all your efforts to County business during work hours from an alternate worksite?
- Are you aware that your work will be monitored for productivity standards?
- Are you able to adhere to assigned work hours?
- Can you provide an appropriate work environment at home, which is safe for you to perform County assignments?
- Do you already have or can your department provide the necessary equipment and resources needed for you to telecommute?
- Can you work effectively without frequent interaction with other staff members?
- Do you have stable Internet connection that will be accessible during assigned telecommuting hours?
- Can you use Microsoft Teams, Webex, Skype, Jabber, and other collaboration systems effectively as communication tools?
- Will you be able to forego telecommuting whenever notified that you are needed in the office on a regularly scheduled telecommuting day?
- Are you aware that telecommuting is not intended to be a substitute for daycare or other personal obligations? Where possible, employees shall attempt to make arrangements for regular dependent care and telecommuting shall not be used as an exclusive substitute for dependent care.
- Do you agree to return County equipment and files in a timely manner, to be specified by your Supervisor/Manager, in the event that the Telecommuting Agreement is terminated/revoked?

Training

VIRTUAL TELECOMMUTING FUNDAMENTALS TRAINING COURSES

Learning & Organizational Development offers telecommuting courses for employees and Managers. As a requirement to participate in the County's Telecommuting Program, the requisite training must be completed by both the employee and their Supervisor/Manager. Please refer to the Telecommuting Program Guide for information related to this training requirement.

Toolkit

- ✓ [County of Riverside Board Policy K-3, Telecommuting Program](#)
- ✓ [Telecommuting Program Guide](#)
- ✓ [County of Riverside Telecommuting Application](#)
- ✓ [County of Riverside Telecommuting Safety Checklist](#)
- ✓ [County of Riverside Telecommuting Work Program Agreement](#)
- ✓ [Telecommuting Activity Log](#)
- ✓ [COVID-19 Relief Form: Telecommuting / Remote Exception Request](#)

Technology Resources

- ✓ [Remote Desktop Instructions for Home PC](#)
- ✓ [VPN Installation Instructions](#)
- ✓ [External Call Forwarding](#)
- ✓ [Using Skype for Business](#)
- ✓ [Setting up Skype Meetings in Outlook](#)
- ✓ [Using Zoom](#)

TELECOMMUTING FUNDAMENTALS – EMPLOYEE TRAINING

This telecommuting training gives employees a brief, practical introduction to telecommuting. It offers tools for deciding whether telecommuting is a good fit for you and for the specific job you hold. It also teaches strategies for telecommuting efficiently, staying "plugged in" to the office, and managing interactions with co-workers and customers.

TELECOMMUTING FUNDAMENTALS – MANAGER TRAINING

This telecommuting training introduces managers to basic telecommuting concepts. It walks managers through the process of developing a program, selecting employees for telecommuting, and managing effectively in a remote environment.

Important: The links below will take you to the County's Learning Management System (LMS) where you will complete the appropriate course.

- **Telecommuting Fundamentals - Employee Training**
 - If you are an employee, with no one reporting to you, and you are, or will be, telecommuting, then the employee training is the appropriate course for you to complete.
- **Telecommuting Fundamentals - Manager Training**
 - If you have anyone reporting to you that is, or will be, telecommuting, the manager training is the appropriate course for you to complete.

Once you have accessed either the employee or manager training course, you will be required to complete the training video and acknowledge receipt of the Board of Supervisors Policy K-3, [Telecommuting Program](#) in order to receive credit for completion and have it reflect on your COR Learning transcript.

Recommendations for Telecommuters

Below, please find helpful tips and tricks while telecommuting:

Define your workspace

It can be easy to sit on the sofa with your laptop and expect to get work done. Experienced teleworkers will tell you they tried that, and it simply doesn't work. Establishing a dedicated workspace, even if it is your kitchen table, gives your brain a cue that it is time for work and not play.

Master the basics

Add your telecommute schedule to your email signature line. Set up call forwarding. Know how to access the VPN in order to access your files and documents. Use Skype or Jabber to stay connected to colleagues and your manager/supervisor. Plan for video calls/meetings by making sure you know how to access the meetings online, what audio source you'll use most effectively and how to mute/unmute, and

Get dressed and follow your routine

Getting into a work mindset at home can require you to do many things, including getting dressed for the day and following your normal morning routine. Dressing casually is definitely a perk of working at home but getting "ready for work" is a daily ritual that many telecommuters swear by. Not only does this help you get in the right mindset, but it can also be a great reminder to those around you that you are

Establish daily goals and share your progress

Workdays pass amazingly quick without the comings and goings of an office to break things up or influence what you do next. Start each day by writing down what you need to achieve and then track your progress. SharePoint is a great tool for tracking work and projects. It also helps keep everyone updated on the status of all projects and assignments that the team is working on.

Eliminate distractions

Working from home can mean family members, pets, and/or a favorite hobby are only a few feet away. For family members, it may be helpful to post your working hours and create a traffic signal outside the door in the room you are working in. Red would indicate "Do Not Disturb". Yellow would indicate "Check Before Interrupting". The green "light" would indicate "Available". Pets often need a closed door to keep them away. However, studies have shown pets provide comfort and lowers anxiety, so they may be a

Stay connected

Additional Safety Resources

- ✓ [Riverside County Safety Division Website](#)

Additional Resources for Employees

- ✓ [Contributing as a Virtual Team Member Skillsoft Training](#)
- ✓ [A Parent's Guide to Working from Home With Kids](#)
- ✓ [Staying Focused When You're Working From Home: Deal With Distractions to Get Everything Done](#)
- ✓ [Time Management: Working from Home](#)

Additional Resources for Managers

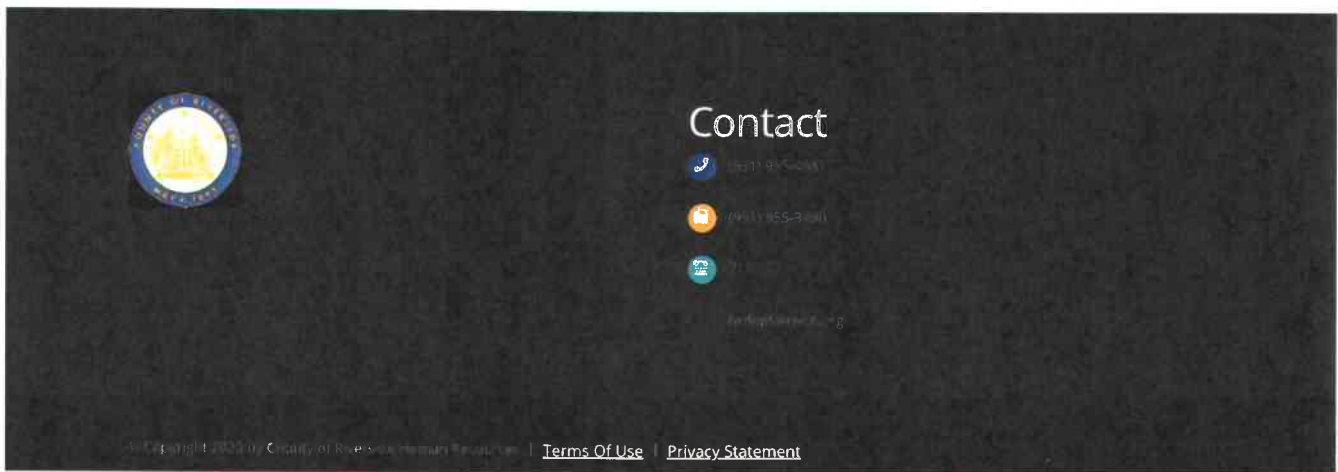
- ✓ [Establishing Effective Virtual Teams Skillsoft Training](#)
- ✓ [Facing Virtual Team Challenges Skillsoft Training](#)
- ✓ [Leading Virtually Skillsoft Training](#)
- ✓ [Managing People at a Distance](#)
- ✓ [Managing Remote Workers](#)
- ✓ [5 Habits of High-Functioning Virtual Teams](#)
- ✓ [The New Rules for Remote Work](#)
- ✓ [20 Questions to Ask Instead of "How are you doing right now?"](#)
- ✓ [A Time to Lead with Purpose and Humanity](#)

Telecommuting doesn't have to mean that those short check-ins that happen with co-workers in the elevator, or with your boss while passing between meetings, don't have to occur. Keeping the lines of communication open not only helps keep everyone in the know about your work and team projects, but it also assists with our social well-being. Take advantage of the many ways we have to stay connected today by using tools such as Skype, Jabber, and Microsoft Teams. Additional resources for working remotely are available in the Learning Library. Try visiting <https://codearning.skillport.com/> and searching "Virtual Teams", "Staying Organized," or other related topics for resources and training related to telecommuting for both managers and employees. Once your search list is provided, be sure to click on the tabs to access courses, books, videos, and resources to see all that is available. Even when working from home, your learning and development as an employee is critical! The Learning and Organizational Development (L&OD) Team is available to assist you with your learning and development

- ✔ [How to Keep Remote Worker Wellbeing High](#)

Safety for Telecommuters

The Safety Office is available to assist with safety and ergonomic related questions. To reach the Safety Division, please call (951) 955-3520.



ATTACHMENT 1

Final Draft BOS Policy K-3

COUNTY OF RIVERSIDE, CALIFORNIA
BOARD OF SUPERVISORS POLICY

<u>Subject:</u>	<u>Policy Number</u>	<u>Page</u>
TELECOMMUTING PROGRAM	K-3	1 of 4

PURPOSE

The purpose of this policy is to establish guidelines and criteria for a Telecommuting Program for employees of the County of Riverside. The County of Riverside is committed to offering telecommuting to employees as a flexible means to perform County work where operationally feasible. The Telecommuting Program promotes employee productivity, improved work efficiencies, cost effectiveness, and greater environmental responsibility.

SCOPE

All County Employees.

I. DEFINITION

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, temporary, on-going, and/or rotational basis.

II. EMPLOYEE ELIGIBILITY CRITERIA

Telecommuting is a voluntary, alternate work arrangement between the employee and the Department. Participation in the Program is solely a management prerogative, not an employee right. Participation in the Program is based on an evaluation of unique operational needs.

Employees who wish to participate in the Telecommuting Program will complete a Telecommuting Application located on Human Resources (HR) Telecommuting Toolkit website (<https://rc-hr.com/Telecommuting-Toolkit>) and submit it to their supervisor/manager. Participation in the Program shall be subject to Department Head (or designee) approval.

When considering telecommuting for an employee, the supervisor/manager and Department should evaluate the following factors to determine whether a telecommuting arrangement is viable:

- Employee is sufficiently trained to perform the full scope of their work with little direct supervision/guidance or is able to receive sufficient supervision and guidance remotely.
- Employee has work assignments and job duties that allow him or her to work remotely.
- Employee has Department approval to participate in the program.
- Employee can have their performance effectively monitored and managed remotely.
- Employee can work independently.
- Employee can manage his or her time effectively, as determined by the Manager/Supervisor and Department.
- Employee and Department has all necessary equipment, software, connectivity and adequate tools to successfully complete all required job tasks, assignments, and essential functions.
- Employee will be able to maintain productivity standards for quantity, quality, and timeliness of work.

COUNTY OF RIVERSIDE, CALIFORNIA
BOARD OF SUPERVISORS POLICY

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<ul style="list-style-type: none">• The Department is able to support the programmatic needs of maintaining a well-functioning Telecommuting Program including ensuring programmatic consistency and needs, as well as evaluation of performance and efficiency.• The Department is willing to collaborate on Telecommuting Countywide issues when needed.		

III. PROGRAM PARTICIPATION

Employees will:

- The employee will remain accessible and productive during the agreed upon scheduled work hours and should remain available by telephone, email and other applicable collaboration systems.
- Be familiar with, and responsible for abiding by the terms of the Telecommuting Policies and Agreement set forth in this document and/or the HR Telecommuting Toolkit.
- Complete all telecommuting training and forms and training prior to commencing telecommuting.
- The employee (with a non-exempt status) will refrain from working overtime hours while telecommuting unless specifically authorized by the Department.
- The employee is responsible for self-certifying that their home working environment has a clear and defined workspace that is kept clean and orderly.
- The employee will also maintain safe working conditions and practice appropriate safety habits.
- The employee will communicate regularly with his or her supervisor and co-workers.
- The employee will maintain satisfactory performance standards.
- The employee will comply with all County-required security policies and procedures.
- The employee will protect all government records and data against unauthorized disclosure, access, mutilation, obliteration or destruction, etc.
- The employee shall ensure they have the equipment/resources (personal or County) needed to perform their work effectively and safely.
- The employee shall keep the Department apprised of any new or revised accommodation requests when telecommuting as outlined under the Americans with Disabilities Act (ADA) and Fair Employment and Housing Act (FEHA).
- The employee shall be responsible for maintaining any work-related equipment owned by the employee or the County.
- The employee shall safeguard and ensure County-owned equipment is used only for officially authorized purposes.
- The employee shall ensure personal equipment is sufficient to perform his or her work effectively and safely.
- The employee shall ensure that all County equipment is returned to the County upon the termination of the telecommuting status, or if the employee separates from County service.

IV. Managers / Supervisors will:

- Review requests from employees and meet with employees to determine operational

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feasibility.

- Ensure that employees and managers/supervisors complete telecommuting training prior to commencing telecommuting.
- Review telecommuting documentation and make sure it is complete before submitting requests to upper management for review.
- Secure approval from upper management before offering an employee telecommuting privileges.
- Forward all signed paperwork to appropriate authorities within the Department for record keeping purposes.
- Be responsible for day-to-day performance of telecommuting employees, as with other workers under their supervision.
- Continue to enforce all federal, state, and county, policies and regulations, Memoranda of Understanding, guidance documents or any other rules that govern the employee relationship with the County.

V. Departments will:

- Identify a primary Departmental Telecommuting Coordinator that can develop and evaluate programmatic materials (i.e. establish and review Telecommuting internal operating policies, review internal requests, consult on appropriateness, etc.) and serve as an internal liaison for Department's needs within the broad policy guidelines set forth herein.
- Identify a primary designee whom will be responsible to approve the telecommuting agreement and/or terminate the telecommuting agreement as needed.
- Confer and provide feedback within the greater Countywide organization as needed on areas that may have Countywide significance related to the success and efficiency of the County's Telecommuting Policy.
- Work collaboratively with the Human Resources Department on matters that are being revised specific to Department needs as outlined in the Telecommuting Guide.
- Be responsible for coordinating Telecommuter equipment needs where telecommuting is deemed operationally feasible.
- Address and liaise with their employees on any Telecommuter-related information security or configuration considerations.
- Communicate with Department Managers/Supervisors regularly on telecommuting status and evaluate program effectiveness.
- Ensure that employees have a safe work environment; and where appropriate schedule a safety inspection of the employee's home-office space as needed. In the event that a safety inspection is deemed necessary, the employee will be provided a minimum of 48 hours' notice prior to the safety inspection, except in the case of an emergency.
- Maintain control and records over County-owned property used by telecommuters.

Please Note: All telecommuting related forms, including the Telecommuting Guide and the Telecommuting Toolkit can be accessed here:

<https://rc-hr.com/telecommuting-toolkit>

COUNTY OF RIVERSIDE, CALIFORNIA
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Reference:

Minute Order 3.37 of 07/27/93

Minute Order 3.4 of 12/18/07

Minute Order 3-69 of 09/09/14

Minute Order x.xx of xx/xx/xx

Draft

ATTACHMENT 2

Existing K-3 BOS Policy

COUNTY OF RIVERSIDE, CALIFORNIA
BOARD OF SUPERVISORS POLICY

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TELECOMMUTING PROGRAM	K-3	1 of 10

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.

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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 3.37 of 07/27/93
Minute Order 3.4 of 12/18/07
Minute Order 3-69 of 09/09/14

**COUNTY OF RIVERSIDE, CALIFORNIA
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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?

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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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BOARD OF SUPERVISORS POLICY**

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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.

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

<u>Subject:</u>	<u>Policy Number</u>	<u>Page</u>
TELECOMMUTING PROGRAM	K-3	10 of 10

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

ATTACHMENT 3



Telecommuting Program Guide



Please review the information below to learn the steps involved in being authorized to telecommute. Additional telecommuting resources can be located at: <https://www.rc-hr.com/Telecommuting-Toolkit>.

APPLICATION PROCESS

1. Employees who wish to participate in the Telecommuting Program are required to complete the following: (1) Telecommuting Application, (2) Safety Checklist, and (3) Telecommuting Work Program Agreement (Attachments 1, 2, and 3).
 - a. To begin, employees will submit a Telecommuting Application and Telecommuting Safety Checklist to his/her Supervisor/Manager (Attachment 1 and 2). Participation in the Program shall be subject to Department Head (or designee) approval¹.
 - b. If the Supervisor/Manager recommends approval of the Telecommuting Application, employees shall then complete the required Telecommuting Training (<https://www.rc-hr.com/Telecommuting-Toolkit>), and the Telecommuting Work Program Agreement before seeking approval from the Department Head/designee (Attachment 3).
 - c. Copies of the completed Telecommuting Application, Telecommuting Safety Checklist, and Telecommuting Work Program Agreement shall be maintained by the Department and employee for reference.
2. The Telecommuting Work Program Agreement shall be reviewed or renewed at least annually, and whenever there is a major job change, or the telecommuter or supervisor change positions. Departments may also elect to require that the Telecommuter Work Program Agreement be reviewed more frequently as needed. Participation in the Telecommuting Program may be terminated/revoked at any time at the Department's discretion. Additionally, based on operational needs and requirements, Departments may elect to require productivity reporting for hours worked and activities performed while telecommuting.

TELECOMMUTING SITE / HOME WORKSPACE

1. The County of Riverside is responsible for ensuring that employees have a safe work environment; however, while telecommuting, employees are responsible for self-certifying that the telecommuting site and/or home workspace is safe for the work s/he will be performing on behalf of the County. Completion of the Telecommuting Safety Checklist indicates that the employee has self-certified they can safely perform their job duties in their telecommuting workspace (Attachment 2). Depending on the circumstance, there may be instances where a safety inspection of the employee's home

¹ Of Note for Departments: Departments may elect to establish policies with additional criteria for the Telecommuting Program, as long as the policy(s) is reviewed and approved by County Human Resources to ensure compliance with labor laws. Where a modification of the typical work schedule (i.e. allowing an employee to work weekend hours when not traditionally worked, etc.) is being contemplated for a specific employee or work group, evaluation by Labor Relations will be necessary.



workspace may be required. If a safety inspection is required, the employee will be provided a 48-hour notice, except in the case of an emergency.

2. While telecommuting, the employee shall immediately report any work-related accident occurring at the telecommuting site and provide the supervisor with all relevant information related to the incident. It may be necessary for a Human Resources Department Safety Division representative to access the remote worksite to investigate the claim following a reported workplace illness or injury.
3. Telecommuters are required to immediately notify management or their supervisor of any changes to the telecommuting site should they occur (i.e., address or other material changes).

PROGRAM REQUIREMENTS

1. Participants in the Telecommuting Program shall acknowledge and abide by the below listed expectations.

In executing the Telecommuting Work Program Agreement, the employee acknowledges they have read and will abide by the terms outlined in the Board of Supervisors Policy K-3, Telecommuting Program, the Telecommuting Program Guide, the Telecommuting Forms (Attachments 1, 2 and 3), and have completed the requisite Telecommuting Training. Additionally, Telecommuters are acknowledging they will adhere to the below listed:

- a. Telecommuters are required to work according to an agreed-upon schedule, in accordance with their respective Supervisor/Manager's approval, including overtime. They will follow any guidelines set by the Department for office communications, such as, making regular calls to the office voicemail system to check for messages.
- b. When necessary, Supervisors/Managers may limit the employee's telecommuting based on operational demands. An employee must forgo telecommuting whenever notified that s/he is needed in the office on a regularly scheduled telecommute day to ensure operational needs are met. When possible, advanced notice will be provided in instances where telecommuting must be foregone due to operational demands.
- c. The employee's duties, obligations, responsibilities, and conditions of employment with the County of Riverside remain consistent with the employee's classification and the same as if they were working at the Department's primary workplace.
- d. Telecommuting is not intended to be a substitute for daycare or other personal obligations. Employees must make advance arrangements for dependent care to ensure a productive work environment. Where possible, employees shall attempt to make arrangements for regular dependent care and telecommuting shall not be used as an exclusive substitute for dependent care.



In instances where an employee may not be able to establish a primary caregiver while telecommuting, they are directed to notify their Supervisor/Manager immediately and provide the following information:

- Definition of the need for concurrent caregiver status;
- Expected duration of the need for concurrent caregiver status;
- Frequency of the need; and
- Identification of how the employee will manage the work and provide dependent care concurrently.

The request to provide dependent care concurrent with County work performance will be reviewed and evaluated by the Department Head (or designee) to determine if the request can be approved. If approved, the employee is still expected to perform at an acceptable level during County time.

- e. The employee will continue to comply with federal, state, and county policies and regulations while working at an alternate work location. The employee shall remain subject to all County of Riverside and departmental disciplinary policies and procedures while performing work at the alternate workplace.
- f. The County's workers' compensation liability for injuries will extend to the telecommuting site. 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 the employee's premises. The County is not liable for damage to the employee's real property. Accordingly, as a condition of telecommuting, the employee indemnifies and holds the County harmless against any such losses or claims, arising from losses or injury to family or third parties in the employee's home and/or home-workspace.

In no event shall customers be served "in-person" at the Telecommuter's place of residence.

- g. The employee is fully responsible for ensuring proper use of any County supplied equipment. The County will provide for repairs to and/or support of County equipment and software at a County office, vendor location, or only by telephone. In-home support will not be provided. If employee uses personal equipment, the County accepts no responsibility for its maintenance and repair or any associated costs. If the employees' personal equipment fails or is interfering with their ability to perform his/her job duties, then the employee is expected to immediately notify his/her supervisor for next steps, which may include immediate return to the worksite to continue their workday, or other solutions.



- h. The Telecommuting Agreement may be cancelled at any time at the discretion of either the Supervisor/Manager, Department, or employee by written notification to include, but not limited to, the following: needs of the Department; change in the employee's work function, employee non-satisfactory performance, or failure to abide by the requirements of the Telecommuting Program.

ATTACHMENTS 1-3

ATTACHMENT 1 – COUNTY OF RIVERSIDE TELECOMMUTING APPLICATION

ATTACHMENT 2 – COUNTY OF RIVERSIDE TELECOMMUTING SAFETY CHECKLIST

ATTACHMENT 3 - COUNTY OF RIVERSIDE TELECOMMUTING WORK PROGRAM AGREEMENT



ATTACHMENT 1 – COUNTY OF RIVERSIDE TELECOMMUTING APPLICATION



COUNTY OF RIVERSIDE TELECOMMUTING APPLICATION

EMPLOYEE SECTION

Date: _____

Employee Name: _____

Employee ID Number: _____

Department: _____

Job Classification: _____

Immediate Supervisor/Manager Name: _____

PROPOSED TELECOMMUTING SCHEDULE							
Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Indicate a ✓ on telecommuting day(s)							
Indicate scheduled hours, including lunch break while telecommuting							

Reason for requesting to telecommute:

Description of work to be conducted while telecommuting:

Is there any work you would not be able to conduct while telecommuting?

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

What equipment do you need that you currently do not 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.
- _____ Ability to perform job duties independently.
- _____ Ability to control and schedule workflow.
- _____ Clear understanding of job expectations.

I understand that telecommuting is a voluntary arrangement between the Supervisor/Manager, 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 certify that I have read and understand the Board Policy K-3, Telecommuting Program and the Telecommuting Program Guide and will comply with all requirements if approved by the Department to telecommute.

Employee Signature: _____ Date: _____

Upon completion forward original to your immediate Supervisor/Manager.

SUPERVISOR/MANAGER

Supervisor/Manager Name: _____

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

- The employee is maintaining satisfactory performance standards.
- The employee's 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 and/or if they do, arrangements have been made for the adjustment.

Budget Impact:

Recommendation for Approval/Denial:

- Recommend approval of application as requested by employee
- Recommend approval of application with modifications (see comments below)
- Recommend denial of application (see comments below)

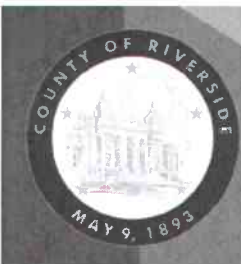
Supervisor/Manager's Comments:

Supervisor/Manager Signature: _____ **Date:** _____

- ✓ Return original to the employee and keep one copy for your Supervisor/Manager records.
- ✓ If recommended for approval, instruct the employee to complete the required Telecommuting Training and the Telecommuting Work Program Agreement pursuant to the agreed upon terms in the above application.



ATTACHMENT 2 - COUNTY OF RIVERSIDE TELECOMMUTING SAFETY CHECKLIST



TELECOMMUTING SAFETY CHECKLIST

This checklist is used to assess the overall safety of the remote work location. The checklist must be completed and submitted to the employee's Supervisor/Manager for review along with the Telecommuting Application (Attachments 1 and 2 of the Telecommuting Program Guide). The employee and Department will retain a copy for their records.

I self-certify that my remote workspace is as follows:

1. Are temperature, noise, ventilation, and lighting level adequate for maintaining your normal level of job performance? Yes No
2. Are all supplies and equipment in good working condition and can be safely used as intended? Yes No
3. Is storage organized to minimize risks of fire? Yes No
4. Is all electrical equipment free of recognized hazards that would cause physical harm (frayed wires, bare conductors, loose wires or fixtures, exposed wiring on the ceiling or walls)? Yes No
5. Will the location's electrical system permit the grounding of electrical equipment (a three-prong receptacle)? Yes No
6. Are the file cabinets and storage closets arranged so drawers and doors do not enter walkways? Yes No
7. In case of fire, is there a primary exit path free of obstruction and easy to use? Yes No

I have completed the Telecommuting Safety Checklist accurately and honestly to the best of my knowledge. I understand that I have the right to request the Safety Division to conduct an ergonomic evaluation of my remote work site per the County of Riverside's Safety Manual Document 2005 or to have additional training provided.

Employee Signature

Date

Supervisor/Manager Signature

Date

Department Head (or Designee) Signature
(To be signed upon execution of the Telecommuting Work Program Agreement)

Date



ATTACHMENT 3 - COUNTY OF RIVERSIDE TELECOMMUTING WORK PROGRAM AGREEMENT



COUNTY OF RIVERSIDE TELECOMMUTING WORK PROGRAM AGREEMENT

This Telecommuting Work Program Agreement (Agreement) is between the Department (_____) and employee _____, (Employee ID Number _____).

This Agreement shall be effective on _____ and end or be re-evaluated on _____, unless the Agreement is otherwise terminated/revoked. As noted in the Telecommuting Program Guide, the Agreement shall be reviewed or renewed at least annually, and whenever there is a major job change, or the telecommuter or Supervisor/Manager change positions. Departments may also elect to require that the Agreement be reviewed more frequently as needed. The Agreement will be reviewed in accordance with the parameters specified within Riverside County Board of Supervisors Policy K-3, Telecommuting Program.

The Telecommuter will telecommute from the following alternative worksite (address):

In the event of change(s) to the telecommuting conditions, such as an address or other material change, the Telecommuter agrees to notify his/her Supervisor/Manager immediately.

Telecommuting Schedule

During the term of this Agreement, the Telecommuter will perform County work remotely on the following approved schedule:

APPROVED TELECOMMUTING SCHEDULE							
Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Indicate a ✓ on telecommuting day(s)							
Indicate scheduled hours, including lunch break while telecommuting							

Additional comments about telecommuting schedule, if applicable (telecommuting frequency, hours of availability, scheduled meal periods and/or breaks, etc.).

Telecommuting Expectations

- The Telecommuter agrees to be available by telephone and other messaging/collaboration mediums during the telecommuting hours indicated above, except during lunch or break periods. The Telecommuter shall be expected to self-certify that they performed County work during their scheduled telecommuting hours, which may be subject to additional review by the Department.
- The Telecommuter agrees that any modifications to telecommuting days that deviate from the Approved Telecommuting Schedule above must be pre-approved in advance. Overtime while telecommuting is not authorized unless approved in advance by the Supervisor/Manager.
- The Telecommuter agrees that use of sick leave, vacation, holiday, or other leaves on a scheduled telecommuting day must be approved in advance in accordance with applicable Departmental policies and procedures.
- The Telecommuter agrees to comply with all existing job requirements for his/her position.
- The Telecommuter shall maintain satisfactory performance and quality standards as required by the Department while telecommuting.
- The Telecommuter self-certifies through the Telecommuting Safety Checklist (Attachment 2 in the Program Guide) that they are able to perform their job duties safely in their telecommuting workspace.
- The Telecommuter agrees to comply with all County and Department policies and procedures while telecommuting including, but not limited to:
 - [Board Policy A-50, Electronic Media and Use Policy](#), which address permissible uses of County electronic media systems, prohibited uses, and access and disclosure. The Telecommuter shall have no expectation of privacy when using these systems. Further, the Telecommuter agrees that any equipment provided by the County is for the sole use of business-related functions only and not for personal use.
 - [Board Policy C-10, Alcohol and Drug Abuse Policy](#).
 - [Board Policy C-25, Non-Discrimination and Anti-Harassment Policy and Complaint Procedure](#).
 - [Board Policy C-27, Workplace Violence, Threats and Securities](#).
 - [Board Policy C-35 – Standards of Ethical Conduct to Address Fraud, Waste and Abuse](#).
- The Telecommuter agrees that the Department's need for them to report to the regular worksite based on operational demands will take precedence over scheduled telecommuting days, and that s/he must forgo telecommuting if needed at the worksite on a regularly scheduled telecommute day. When possible, advanced notice will be provided in instances where telecommuting must be foregone due to operational demands.
- The Telecommuter agrees to report any occupational injury or illness to his/her Supervisor/Manager immediately and complete all necessary and/or County requested documents regarding the incident.
- The Telecommuter agrees that s/he is solely liable for injuries to third persons and/or members of their family that occur on the Telecommuter's premises and accordingly indemnifies and holds the County harmless against any such related injuries, or losses.
- The Telecommuter agrees to adhere to the confidentiality policies of the Department and to protect County assets, information, and information systems at their home workspace.
- The Telecommuter agrees to protect and maintain any County-issued equipment/resources; to operate them safely; and to return the equipment/resources to the Supervisor/Manager

within 24 hours in the event that the Agreement is terminated/revoked. Additionally, any instances where County-issued equipment is lost, damaged, or stolen shall be reported to the Department immediately.

- The Telecommuter agrees that s/he is solely responsible for the operation, maintenance, and insurance required for his or her own personal equipment/resources. The County does not assume liability for loss, damage or wear of employee owned equipment/resources. The County is not responsible for any utility costs associated with the use of electronic equipment or occupation of the home.

**TELECOMMUTING WORK PROGRAM AGREEMENT
AUTHORIZATIONS**

I understand that telecommuting is a voluntary arrangement between the Supervisor/Manager, the Department, and the employee, and is not an entitlement or employee benefit. I understand that telecommuting may be terminated/revoked for any reason, at any time, by any party, with or without cause. I certify that I have read the County of Riverside Board Policy K-3, Telecommuting Program and the Telecommuting Program Guide, that I understand their contents, and that I will abide by their terms.

All of the below listed documents have been completed and will be retained by the Department and employee.

- Telecommuting Application
- Telecommuting Safety Checklist
- Telecommuting Work Program Agreement
- Telecommuting Training completed by employee on _____.
- Telecommuting Training for managing remote employees completed by Supervisor/Manager on _____.

By signing below, you are indicating that the above listed documents have been fully reviewed, executed and will be retained. All parties agree to abide by the terms.

Employee Signature

Date

Supervisor/Manager Signature

Date

Department Head (or Designee) Signature

Date

ATTACHMENT 4

Telecommuting



COUNTY OF RIVERSIDE TELECOMMUTING APPLICATION

EMPLOYEE SECTION

Date: _____

Employee Name: _____

Employee ID Number: _____

Department: _____

Job Classification: _____

Immediate Supervisor/Manager Name: _____

PROPOSED TELECOMMUTING SCHEDULE							
Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Indicate a ✓ on telecommuting day(s)							
Indicate scheduled hours, including lunch break while telecommuting							

Reason for requesting to telecommute:

Description of work to be conducted while telecommuting:

Is there any work you would not be able to conduct while telecommuting?

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

What equipment do you need that you currently do not 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.
- _____ Ability to perform job duties independently.
- _____ Ability to control and schedule workflow.
- _____ Clear understanding of job expectations.

I understand that telecommuting is a voluntary arrangement between the Supervisor/Manager, 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 certify that I have read and understand the Board Policy K-3, Telecommuting Program and the Telecommuting Program Guide and will comply with all requirements if approved by the Department to telecommute.

Employee Signature: _____ Date: _____

Upon completion forward original to your immediate Supervisor/Manager.

SUPERVISOR/MANAGER

Supervisor/Manager Name: _____

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

- The employee is maintaining satisfactory performance standards.
- The employee's 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 and/or if they do, arrangements have been made for the adjustment.

Budget Impact:

Recommendation for Approval/Denial:

- Recommend approval of application as requested by employee
- Recommend approval of application with modifications (see comments below)
- Recommend denial of application (see comments below)

Supervisor/Manager's Comments:

Supervisor/Manager Signature: _____ **Date:** _____

- ✓ Return original to the employee and keep one copy for your Supervisor/Manager records.
- ✓ If recommended for approval, instruct the employee to complete the required Telecommuting Training and the Telecommuting Work Program Agreement pursuant to the agreed upon terms in the above application.

ATTACHMENT 5



TELECOMMUTING SAFETY CHECKLIST

This checklist is used to assess the overall safety of the remote work location. The checklist must be completed and submitted to the employee's Supervisor/Manager for review along with the Telecommuting Application (Attachments 1 and 2 of the Telecommuting Program Guide). The employee and Department will retain a copy for their records.

I self-certify that my remote workspace is as follows:

1. Are temperature, noise, ventilation, and lighting level adequate for maintaining your normal level of job performance? Yes No
2. Are all supplies and equipment in good working condition and can be safely used as intended? Yes No
3. Is storage organized to minimize risks of fire? Yes No
4. Is all electrical equipment free of recognized hazards that would cause physical harm (frayed wires, bare conductors, loose wires or fixtures, exposed wiring on the ceiling or walls)? Yes No
5. Will the location's electrical system permit the grounding of electrical equipment (a three-prong receptacle)? Yes No
6. Are the file cabinets and storage closets arranged so drawers and doors do not enter walkways? Yes No
7. In case of fire, is there a primary exit path free of obstruction and easy to use? Yes No

I have completed the Telecommuting Safety Checklist accurately and honestly to the best of my knowledge. I understand that I have the right to request the Safety Division to conduct an ergonomic evaluation of my remote work site per the County of Riverside's Safety Manual Document 2005 or to have additional training provided.

Employee Signature

Date

Supervisor/Manager Signature

Date

Department Head (or Designee) Signature
(To be signed upon execution of the Telecommuting Work Program Agreement)

Date

ATTACHMENT 6



**COUNTY OF RIVERSIDE
TELECOMMUTING WORK PROGRAM AGREEMENT**

This Telecommuting Work Program Agreement (Agreement) is between the Department (_____) and employee _____, (Employee ID Number _____).

This Agreement shall be effective on _____ and end or be re-evaluated on _____, unless the Agreement is otherwise terminated/revoked. As noted in the Telecommuting Program Guide, the Agreement shall be reviewed or renewed at least annually, and whenever there is a major job change, or the telecommuter or Supervisor/Manager change positions. Departments may also elect to require that the Agreement be reviewed more frequently as needed. The Agreement will be reviewed in accordance with the parameters specified within Riverside County Board of Supervisors Policy K-3, Telecommuting Program.

The Telecommuter will telecommute from the following alternative worksite (address):

In the event of change(s) to the telecommuting conditions, such as an address or other material change, the Telecommuter agrees to notify his/her Supervisor/Manager immediately.

Telecommuting Schedule

During the term of this Agreement, the Telecommuter will perform County work remotely on the following approved schedule:

APPROVED TELECOMMUTING SCHEDULE							
Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Indicate a ✓ on telecommuting day(s)							
Indicate scheduled hours, including lunch break while telecommuting							

Additional comments about telecommuting schedule, if applicable (telecommuting frequency, hours of availability, scheduled meal periods and/or breaks, etc.).

Telecommuting Expectations

- The Telecommuter agrees to be available by telephone and other messaging/collaboration mediums during the telecommuting hours indicated above, except during lunch or break periods. The Telecommuter shall be expected to self-certify that they performed County work during their scheduled telecommuting hours, which may be subject to additional review by the Department.
- The Telecommuter agrees that any modifications to telecommuting days that deviate from the Approved Telecommuting Schedule above must be pre-approved in advance. Overtime while telecommuting is not authorized unless approved in advance by the Supervisor/Manager.
- The Telecommuter agrees that use of sick leave, vacation, holiday, or other leaves on a scheduled telecommuting day must be approved in advance in accordance with applicable Departmental policies and procedures.
- The Telecommuter agrees to comply with all existing job requirements for his/her position.
- The Telecommuter shall maintain satisfactory performance and quality standards as required by the Department while telecommuting.
- The Telecommuter self-certifies through the Telecommuting Safety Checklist (Attachment 2 in the Program Guide) that they are able to perform their job duties safely in their telecommuting workspace.
- The Telecommuter agrees to comply with all County and Department policies and procedures while telecommuting including, but not limited to:
 - [Board Policy A-50, Electronic Media and Use Policy](#), which address permissible uses of County electronic media systems, prohibited uses, and access and disclosure. The Telecommuter shall have no expectation of privacy when using these systems. Further, the Telecommuter agrees that any equipment provided by the County is for the sole use of business-related functions only and not for personal use.
 - [Board Policy C-10, Alcohol and Drug Abuse Policy](#).
 - [Board Policy C-25, Non-Discrimination and Anti-Harassment Policy and Complaint Procedure](#).
 - [Board Policy C-27, Workplace Violence, Threats and Securities](#).
 - [Board Policy C-35 – Standards of Ethical Conduct to Address Fraud, Waste and Abuse](#).
- The Telecommuter agrees that the Department's need for them to report to the regular worksite based on operational demands will take precedence over scheduled telecommuting days, and that s/he must forgo telecommuting if needed at the worksite on a regularly scheduled telecommute day. When possible, advanced notice will be provided in instances where telecommuting must be foregone due to operational demands.
- The Telecommuter agrees to report any occupational injury or illness to his/her Supervisor/Manager immediately and complete all necessary and/or County requested documents regarding the incident.
- The Telecommuter agrees that s/he is solely liable for injuries to third persons and/or members of their family that occur on the Telecommuter's premises and accordingly indemnifies and holds the County harmless against any such related injuries, or losses.
- The Telecommuter agrees to adhere to the confidentiality policies of the Department and to protect County assets, information, and information systems at their home workspace.
- The Telecommuter agrees to protect and maintain any County-issued equipment/resources; to operate them safely; and to return the equipment/resources to the Supervisor/Manager

within 24 hours in the event that the Agreement is terminated/revoked. Additionally, any instances where County-issued equipment is lost, damaged, or stolen shall be reported to the Department immediately.

- The Telecommuter agrees that s/he is solely responsible for the operation, maintenance, and insurance required for his or her own personal equipment/resources. The County does not assume liability for loss, damage or wear of employee owned equipment/resources. The County is not responsible for any utility costs associated with the use of electronic equipment or occupation of the home.

**TELECOMMUTING WORK PROGRAM AGREEMENT
AUTHORIZATIONS**

I understand that telecommuting is a voluntary arrangement between the Supervisor/Manager, the Department, and the employee, and is not an entitlement or employee benefit. I understand that telecommuting may be terminated/revoked for any reason, at any time, by any party, with or without cause. I certify that I have read the County of Riverside Board Policy K-3, Telecommuting Program and the Telecommuting Program Guide, that I understand their contents, and that I will abide by their terms.

All of the below listed documents have been completed and will be retained by the Department and employee.

- Telecommuting Application
- Telecommuting Safety Checklist
- Telecommuting Work Program Agreement
- Telecommuting Training completed by employee on _____.
- Telecommuting Training for managing remote employees completed by Supervisor/Manager on _____.

By signing below, you are indicating that the above listed documents have been fully reviewed, executed and will be retained. All parties agree to abide by the terms.

Employee Signature _____
Date

Supervisor/Manager Signature _____
Date

Department Head (or Designee) Signature _____
Date

ATTACHMENT 7



COVID-19 RELIEF FORM: TELECOMMUTING/REMOTE EXCEPTION REQUEST

This purpose of this form is to provide employees with the opportunity to request relief after a request to telecommute has been denied although a COVID-19 related reason has been cited.

Employee's Name/EEID #: _____ Job Classification: _____

Department/Division/Section: _____ Supervisor/Manager: _____

Specific request for relief: Alternative Workplace or Telecommute

If Alternative Workplace is requested, specify requested location: _____

Please identify the COVID-related reason that you feel your request should be considered as well as any impacts or challenges that are relevant:

By signing below, you are indicating that Board Policy K-3, Telecommuting Program and the Telecommuting Program Guide have been fully reviewed and you will abide by the terms if authorized to telecommute or work from an alternative workplace. Further, you acknowledge that you understand that approval of any relief is based upon the individual circumstances in each case.

Employee Signature: _____ Date: _____

Department/Supervisor/Manager: This employee's relief request has been reviewed and their COVID related issue(s) has been taken into consideration. Their request is:

- Approved (Employee will need to complete a Telecommuting Work Program Agreement)
- Not Approved (reasons stated below, refer to the Human Resources Business Partner (HRBP) for further review by HR.):

Department Head (or Designee) Signature: _____ Date: _____

ATTACHMENT 8

RIVCO HR

putting people first

The County of Riverside Telecommuting Toolkit Website can be found at the link below:

<https://www.rc-hr.com/Telecommuting-Toolkit>

The site includes the following:

- Highlights the County's Telecommuting Program
- Provides access in a single location to all telecommuting-related documents for the County of Riverside including:
 - o Board of Supervisors Board Policy K-3, Telecommuting Program
 - o Telecommuting Program Guide
 - o Telecommuting Application
 - o Telecommuting Safety Checklist
 - o Telecommuting Work Program Agreement
 - o COVID-19 Relief Form: Telecommuting / Remote Exception Request
- Outlines factors to consider when contemplating telecommuting
- Provides access to the required Telecommuting Trainings for both employees and managers with remote employees
- Provides recommendations for telecommuters
- Provides resources for telecommuters and managers with remote employees
- Provides the Safety Division contact information and website



Brenda L. Diederichs
Assistant CEO/HR Director

Michael Bowers – Assistant HR Director
Sarah Franco – Assistant HR Director
Brande Hune - Assistant HR Director
Megan Gomez – Deputy HR Director
Mylene Daniels – Deputy HR Director



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ATTACHMENT 9



County of Riverside Telecommuting Program

The County of Riverside is committed to offering telecommuting to employees as a flexible means to perform County work where operationally feasible. The Telecommuting Program promotes employee productivity, improved work efficiencies, cost-effectiveness, and greater environmental responsibility. Information about the County's Telecommuting Program can be found within Board Policy K-3, [Telecommuting Program](#).

Is Telecommuting Right for You?

- Can the work you perform be done remotely and can you successfully perform your job assignments at home?
- Are you able to devote all your efforts to County business during work hours from an alternate worksite?
- Are you aware that your work will be monitored for productivity standards?
- Are you able to adhere to assigned work hours?
- Can you provide an appropriate work environment at home, which is safe for you to perform County assignments?
- Do you already have or can your department provide the necessary equipment and resources needed for you to telecommute?
- Can you work effectively without frequent interaction with other staff members?
- Do you have stable internet connection that will be accessible during assigned telecommuting hours?
- Can you use Microsoft Teams, Webex, Skype, Jabber, and other collaboration systems effectively as communication tools?
- Will you be able to forego telecommuting whenever notified that you are needed in the office on a regularly scheduled telecommuting day?
- Are you aware that telecommuting is not intended to be a substitute for daycare or other personal obligations? Where possible, employees shall attempt to make arrangements for regular dependent care and telecommuting shall not be used as an exclusive substitute for dependent care.
- Do you agree to return County equipment and files in a timely manner, to be specified by your Supervisor/Manager, in the event that the Telecommuting Agreement is terminated/revoked?

Training

VIRTUAL TELECOMMUTING FUNDAMENTALS TRAINING COURSES

Learning & Organizational Development offers telecommuting courses for employees and Managers. As a requirement to participate in the County's Telecommuting Program, the requisite training must be completed by both the employee and their Supervisor/Manager. Please refer to the Telecommuting Program Guide for information related to this training requirement.

Toolkit

- ✓ [County of Riverside Board Policy K-3, Telecommuting Program](#)
- ✓ [Telecommuting Program Guide](#)
- ✓ [County of Riverside Telecommuting Application](#)
- ✓ [County of Riverside Telecommuting Safety Checklist](#)
- ✓ [County of Riverside Telecommuting Work Program Agreement](#)
- ✓ [Telecommuting Activity Log](#)
- ✓ [COVID-19 Relief Form: Telecommuting / Remote Exception Request](#)

Technology Resources

- ✓ [Remote Desktop Instructions for Home PC](#)
- ✓ [VPN Installation Instructions](#)
- ✓ [External Call Forwarding](#)
- ✓ [Using Skype for Business](#)
- ✓ [Setting up Skype Meetings in Outlook](#)
- ✓ [Using Zoom](#)

TELECOMMUTING FUNDAMENTALS – EMPLOYEE TRAINING

This telecommuting training gives employees a brief, practical introduction to telecommuting. It offers tools for deciding whether telecommuting is a good fit for you and for the specific job you hold. It also teaches strategies for telecommuting efficiently, staying "plugged in" to the office, and managing interactions with co-workers and customers.

TELECOMMUTING FUNDAMENTALS – MANAGER TRAINING

This telecommuting training introduces managers to basic telecommuting concepts. It walks managers through the process of developing a program, selecting employees for telecommuting, and managing effectively in a remote environment.

Important: The links below will take you to the County's Learning Management System (LMS) where you will complete the appropriate course.

- **Telecommuting Fundamentals - Employee Training**
 - If you are an employee, with no one reporting to you, and you are, or will be, telecommuting, then the employee training is the appropriate course for you to complete.
- **Telecommuting Fundamentals - Manager Training**
 - If you have anyone reporting to you that is, or will be, telecommuting, the manager training is the appropriate course for you to complete.

Once you have accessed either the employee or manager training course, you will be required to complete the training video and acknowledge receipt of the Board of Supervisors Policy K-3, [Telecommuting Program](#) in order to receive credit for completion and have it reflect on your COR Learning transcript.

Recommendations for Telecommuters

Below, please find helpful tips and tricks while telecommuting:

Define your workspace

It can be easy to sit on the sofa with your laptop and expect to get work done. Experienced teleworkers will tell you they tried that, and it simply doesn't work. Establishing a dedicated workspace, even if it is your kitchen table, gives your brain a cue that it is time for work and not play.

Master the basics

Add your telecommute schedule to your email signature line. Set up call forwarding. Know how to access the VPN in order to access your files and documents. Use Skype or Jabber to stay connected to colleagues and your manager/supervisor. Plan for video calls/meetings by making sure you know how to access the meetings online, what audio source you'll use most effectively and how to mute/unmute, and

Get dressed and follow your routine

Getting into a work mindset at home can require you to do many things, including getting dressed for the day and following your normal morning routine. Dressing casually is definitely a perk of working at home but getting "ready for work" is a daily ritual that many telecommuters swear by. Not only does this help you get in the right mindset, but it can also be a great reminder to those around you that you are

Establish daily goals and share your progress

Workdays pass amazingly quick without the comings and goings of an office to break things up or influence what you do next. Start each day by writing down what you need to achieve and then track your progress. SharePoint is a great tool for tracking work and projects. It also helps keep everyone updated on the status of all projects and assignments that the team is working on.

Eliminate distractions

Working from home can mean family members, pets, and/or a favorite hobby are only a few feet away. For family members, it may be helpful to post your working hours and create a traffic signal outside the door in the room you are working in. Red would indicate "Do Not Disturb". Yellow would indicate "Check Before Interrupting". The green "light" would indicate "Available". Pets often need a closed door to keep them away. However, studies have shown pets provide comfort and lowers anxiety, so they may be a

Stay connected

Additional Safety Resources

- ✓ [Riverside County Safety Division Website](#)

Additional Resources for Employees

- ✓ [Contributing as a Virtual Team Member Skillsoft Training](#)
- ✓ [A Parent's Guide to Working from Home With Kids](#)
- ✓ [Staying Focused When You're Working From Home: Deal With Distractions to Get Everything Done](#)
- ✓ [Time Management: Working from Home](#)

Additional Resources for Managers

- ✓ [Establishing Effective Virtual Teams Skillsoft Training](#)
- ✓ [Facing Virtual Team Challenges Skillsoft Training](#)
- ✓ [Leading Virtually Skillsoft Training](#)
- ✓ [Managing People at a Distance](#)
- ✓ [Managing Remote Workers](#)
- ✓ [5 Habits of High-Functioning Virtual Teams](#)
- ✓ [The New Rules for Remote Work](#)
- ✓ [20 Questions to Ask Instead of "How are you doing right now?"](#)
- ✓ [A Time to Lead with Purpose and Humanity](#)

Telecommuting doesn't have to mean that those short check-ins that happen with co-workers in the elevator, or with your boss while passing between meetings, don't have to occur. Keeping the lines of communication open not only helps keep everyone in the know about your work and team projects, but it also assists with our social well-being. Take advantage of the many ways we have to stay connected today by using tools such as Skype, Jabber, and Microsoft Teams. Additional resources for working remotely are available in the Learning Library. Try visiting <https://corlearning.skillport.com/> and searching "Virtual Teams", "Staying Organized," or other related topics for resources and training related to telecommuting for both managers and employees. Once your search list is provided, be sure to click on the tabs to access courses, books, videos, and resources to see all that is available. Even when working from home, your learning and development as an employee is critical! The Learning and Organizational Development (L&OD) Team is available to assist you with your learning and development

✔ [How to Keep Remote Worker Wellbeing High](#)

Safety for Telecommuters

The Safety Office is available to assist with safety and ergonomic related questions. To reach the Safety Division, please call (951) 955-3520.

