

Temporary Telecommute Procedures



Los Angeles Community College District Telecommute Guidelines

March 15, 2020

Temporary Telecommute Agreement

Name of Telecommuter: _____

Address of Where Work Will Be Performed: _____

Residence Phone:() _____ Mobile Number:() _____
(If applicable)

This Telecommuting Agreement (Agreement) is voluntarily entered into between the Los Angeles Community College District (“the District”) and the undersigned telecommuter (“Telecommuter”). It is the intent of this Agreement to, at a minimum, maintain the quantity, quality, and integrity of work product by the District employees, while reducing the climate effects of commuting during this period of social distancing to mitigate the potential spread of COVID-19. This Agreement is also a necessary tool in the event of mandated closure of the District office and District campuses due to any medical, disaster, or other emergencies. It is understood by the parties that the work duties and responsibilities performed in this Agreement are consistent with the duties and responsibilities defined in the Telecommuter’s job duty statement.

Health and Safety:

Telecommuter is responsible for setting aside space in their home (Home Office) for work and ensuring that the Home Office is ergonomically sound, clean, safe, free of obstructions and hazardous materials, and compliant with appropriate building codes and health and safety requirements. Telecommuter is required to attest to the fact that the Home Office meets these requirements.

If Telecommuter incurs a work-related injury while telecommuting, worker’s compensation law and rules may apply. Telecommuter must follow all rules, regulations, and policies and notify their manager/supervisor immediately. Telecommuter must complete all necessary and/or management requested documents regarding the injury.

The supervisor and the telecommuter have read and understand the Temporary Telecommute Policy and Procedures. All parties understand that this Telecommute Agreement is voluntary and temporary, and may be terminated by the supervisor as indicated in this policy and associated procedures. The supervisor and the employee telecommuting have read, understand, completed, and signed the "Supervisor's Checklist," prior to telecommuting and further agree to the following:

Telecommute Schedule

It is understood that telecommute days must be scheduled in advance and approved by the supervisor. At certain times, it may be necessary for the telecommute schedule to be revised to ensure critical deadlines are met or to attend meetings. Any change by the telecommuter in the agreed upon schedule must be pre-approved. Requests for vacation must be approved in advance by the supervisor. Sick leave administration shall be in accordance with collective bargaining agreements and established procedures. Overtime to be worked must be approved in advance by the supervisor.

The following telecommute schedule is being established:

Regular Employee- an established temporary schedule of days per week or month

Temporary Unclassified Employee– Flexible time frame with start date and end date and hours to complete a project or specific work.

Date of first scheduled telecommute day: _____

Telecommuter will be available for communication on telecommute days during **the normal work-shift hours** of: _____ a.m./p.m. to _____ a.m./p.m.

This telecommute agreement, the current telecommute policy, and the supervisor’s checklist should be discussed and reviewed by **April 10, 2020** to determine if the employee should continue telecommuting. In addition, if there is any change in the terms of this telecommute agreement, including but not limited to, an agreed-upon schedule change approved by the supervisor; a change in the equipment, services or software provided, or a change in the agreement regarding their use; or if the information regarding residence, residence telephone or mobile number for the telecommuter have changed, such change should be documented and appended to the telecommute agreement as soon as practicable.

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Information Security:

The telecommuter will ensure all electronic and paper information remains secure and confidential. The telecommuter will consult with his/her supervisor for guidance on how to properly secure documents, or when security matters are at issue.

Work Effectiveness and Safety:

The duties, obligations, responsibilities, and conditions of Telecommuter's employment with the District are not changed by this Agreement. Telecommuter's salary, retirement, vacation and sick leave benefits, and insurance coverage shall remain the same.

The telecommuter agrees to:

1. Achieve proficiency in computer hardware and software skills, if needed, to perform the assigned duties.
2. Review and apply the ergonomic safety work habits provided by the District in this document.
3. Establish and maintain a safe home office environment.
4. Ensure district responsibilities take precedence. Proactively stay in touch with employees and students (if applicable).
5. Make arrangements for dependent care, if applicable.
6. Perform own work and not delegate work to others.
7. Produce work product for the week and meet required deadlines set forth by the supervisor.
8. Not use, or allow others to use issued equipment for purposes other than the District's business. All equipment, records, and materials provided by the District shall remain the District property.
9. Telecommuter agrees to allow the District reasonable access to its equipment and materials.
10. Return the District equipment, records, and materials within 10 days of termination of this Agreement. All the District equipment will be returned to the District by Telecommuter for inspection, repair, replacement, or repossession with 10 days written notice.
11. If equipment cannot be provided by the District, the telecommuter must use his/her personal equipment, and internet services to perform the assigned work.
12. Outside work of any kind may not be performed by Telecommuter during the hours Telecommuter is being paid by the District and outside work may not be performed at any time utilizing the District equipment or resources.
13. Follow all office procedures and rules when using sick leave, vacation, time off, or other leave credits. Overtime must be approved in advance by Telecommuter's manager/supervisor. Work hours, overtime compensation, use of sick leave, and approval of use of vacation time will conform to the District and departmental policies and procedures, departmental guidelines, the appropriate collective bargaining agreement, and to the terms otherwise agreed upon by Telecommuter and the District.
14. Implement steps for secure information security in the Home Office, and will check with his/her manager/supervisor when security matters are an issue. Telecommuter has a copy of the District security requirements and procedures. (IT B-27 and Section "Remote Network Access" in IT B-28).
15. The District retains the right to modify this Agreement on a temporary basis as a result of business necessity (for example, Telecommuter may be required to come to the District office or college campus on a particular day or at Telecommuter's request).

The District will **not** pay or reimburse for the following expenses:

- Maintenance or repairs of privately-owned equipment.
- Utility costs associated with the use of the computer or occupation of the home.
- Equipment supplies (these should be requisitioned through the supervisor).

- Installation of phone line, FAX line or additional data line.
- Internet services fees
- Purchases of new equipment for the purposes of performing duties remotely.

In addition, the District will not transport equipment or install or set up a PC in employee's home.

Failure by Telecommuter to maintain a Home Office that is safe, ergonomically sound, and free from distraction so as not to interfere with work, as determined by the District, provides cause for terminating this Agreement.

(Employee) _____ (Date) _____

(Supervisor) _____ (Date) _____

(Vice President/Division Head) _____ (Date) _____

Temporary Telecommute Agreement Review Form

I have reviewed the Temporary Telecommute Agreement, including any appended documents, the Supervisor’s Checklist, the Safety Checklist, and the District’s current telework policy, and I understand and reaffirm my agreement with all the terms and conditions contained in those documents; and that, to the best of my knowledge, the information contained therein is true and correct.

Employee’s/Telecommuter’s Signature:

Date: _____

APPROVED BY:

Supervisor’s Signature: _____

Date: _____

Vice President/Division Head Signature _____

Date: _____

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Telework Supervisor's Checklist

Name of Employee: _____

Name of Supervisor: _____

The following tasks must be completed prior to the start of the telework arrangement:

Tasks	Date Completed
1. Employee and Supervisor have read and agree to abide by the provisions of the Los Angeles Community College District Telecommute Policy and Procedures.	_____
2. Performance expectations have been discussed and are clearly understood. Assignments and due dates are to be documented by the supervisor and employee during the term that a telecommute agreement is in effect.	_____
3. Equipment issued by the college/department or employee's equipment is documented.	_____
4. Requirements for care of equipment assigned to the employee have been discussed and are clearly understood.	_____
5. Requirements for adequate and safe office space at home have been reviewed with the employee, and the employee certifies that those requirements have been met.	_____
6. The employee is familiar with the District's IT's policy requirements for computer use and information security and confidentiality of data and information, and has received a copy and read the District's Computer Policy. (IT B-27-Append)	_____
7. Phone contact procedures have been clearly defined and communicated with your supervisor.	_____
8. The employee has read and signed the Telecommuter's Agreement prior to commencing work.	_____
9. The supervisor has confirmed with the employee, and the employee certifies, that the employee has reviewed the District's Information Security policies. (IT B-27 and Section "Remote Network Access" in IT B-28).	_____

Employee Signature _____ Date: _____

Supervisor Signature: _____ Date _____

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Telecommute Safety Checklist

The following checklist must be completed prior to the beginning of telecommuting.

- _____ Smoke Alarm/Detector (UL Approved)
- _____ Computer Policy reviewed
- _____ Workstation checklist will be completed by (date) _____
- _____ Uncluttered work environment
- _____ Broadband Internet Connection

Home office safety re-certification will be required on an annual basis.

I certify that my home office meets all of the above requirements.

Employee Signature : _____ Date: _____

Supervisor: Approved Denied (Provide reason below):

Supervisor Signature: _____ Date: _____

ERGONOMIC CHECKLIST

WE SUGGEST THAT YOUR SUPERVISOR ASSIST WITH THIS CHECKLIST. INITIAL BOX FOR EACH ITEM.

NOTE: *THE ADJUSTMENTS RECOMMENDED IN THIS CHECKLIST MAY NOT BE NECESSARY, SOME ITEMS ARE OKAY AS IS.*

INITIAL

CHAIR

1. I will adjust the chair height so the feet are flat on the floor and the thighs are approximately parallel to the floor. Use a footrest if necessary.
2. I will sit back in the chair, adjust backrest height to a comfortable position.
3. I will adjust the backrest angle, if possible, to a comfortable position.
4. I will adjust the seat pan tilt, if needed.

After making all of the above adjustments, readjust the backrest height if necessary.

5. I will adjust the chair tilt tension, if desired, so the chair can easily shift positions to accommodate user's movement.
6. I will adjust armrests if used. I will ensure that arms are kept close to my body and lower my arms at right angles to upper arm.

INITIAL

WORK SURFACE HEIGHT

7. I will make sure the chair has been adjusted.
8. I will adjust the keyboard height and angle so the wrists are in a neutral (straight) position.
9. I will place the mouse where it can be used without reaching.
10. I will adjust the work surface (writing/reading surface) height so the shoulders are not raised or slouched when writing or reading.

INITIAL

ORGANIZE WORK AREA

11. I will place most commonly used items, e.g. overhead bins, computer keyboard, monitor, telephone, adding machines, calendar, etc., within easy, comfortable reach.
 - (a) Place overhead/hanging bins as close as possible. **DO NOT REACH** for and remove large binders from bins while seated.
 - (b) Turn to face material. **DO NOT TWIST** torso/trunk when reaching for items.
12. I will place all frequently used files within close reach.
13. I will place the monitor at an appropriate reading distance.
14. I will adjust the monitor height so the viewing area is at or slightly below eye level.
15. I will adjust monitor angle to face the user's eyes.
16. I will check for monitor glare. Change or shield the light source if necessary, or use a good quality glare screen.
17. I will place work documents about the same distance (3-4 inches difference can usually be tolerated) from the eyes as the monitor. Use document holder or stand if necessary.
18. I will adjust the side-to-side document and monitor position to minimize eye and head movement between them. The most often looked at item (document or monitor) should be in the center position.
19. I will place the telephone on the desktop closest to where I work most frequently. I will use a headset if extended phone time is required.

INITIAL

WORK HABITS

20. I will use the wrist rest to soften the surface under the wrists during pauses. A too-thick or too-high wrist rest can cause additional flexing of the wrists.
21. While keying, I will move my hand and arm together; I will use the wrist rest only during pauses.
22. I will keep wrists straight when using keyboard. I will adjust the keyboard tray height and angle if necessary. A downward slope of the tray may be comfortable.

INITIAL

WORK HABITS (CONTINUED)

- 23. While using the mouse, I will avoid awkward positions of the arms, hands or shoulders. I will position the mouse at the same level as the keyboard.
 - (a) A mouse support tray may be used to reduce reaching by allowing the mouse to be used near the keyboard. Mouse platforms or stages can be used to bring the mouse closer if necessary.
 - (b) A wrist rest may be helpful in keeping the wrist from resting on hard surfaces or sharp edges between keying.
- 24. I will use a light touch with the keyboard.
- 25. I will ensure hands are in a relaxed position on the keyboard.
- 26. I will clean the monitor screen regularly.
- 27. I will change foot position often. I will use a footrest to allow for movement and alteration of the legs and feet.
- 28. I will vary my tasks to take frequent breaks away from the keyboard and monitor.
- 29. I will change my body position frequently, readjusting your chair as necessary.
- 30. I will stretch often while sitting or standing to avoid muscle fatigue.

I certify that my home office meets all of the above requirements, and will attest that I will follow these guidelines.

Employee Signature : _____ Date: _____