



Telecommuting Plan

The following constitutes the terms and conditions of telecommuting between the College of the Siskiyou, hereinafter referred to as the District, and the designated employee.

Employee:

Name: _____ Employee # _____ Dept. _____

Phone: _____ Email Address: _____

Supervisor:

Name: _____ Employee # _____

Work Location Address: _____

Phone: _____ Email Address: _____

Permanent Work Assignment Location:

Main Campus – Weed Yreka Campus

Alternative Work Location:

Home Other

Address: _____

City: _____ State: _____ Zip Code: _____

Alternate Work Location Contact Information:

Phone: _____ Cell Phone: _____ Email Address _____

Duration of Plan:

Start Date: _____ End Date (if known): _____

Regular Work Schedule:

In Office Day(s): M T W Th F S Su
Work Hours: _____ _____ _____ _____ _____ _____ _____ Total: _____

At Home Day(s): M T W Th F S Su
Work Hours: _____ _____ _____ _____ _____ _____ _____ Total: _____

Total: _____

Alternate Work Schedule:

In Office Day(s): M T W Th F S Su
Work Hours: _____ _____ _____ _____ _____ _____ _____ Total: _____

At Home Day(s): M T W Th F S Su
Work Hours: _____ _____ _____ _____ _____ _____ _____ Total: _____

Total: _____

Describe Primary Tasks to be Performed While Telecommuting:

1. _____
2. _____
3. _____
4. _____

Contingency Work Plans: (How will potential fluctuations in workload, meetings, or events be accommodated if necessary?)

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1. This agreement is for a formal telework agreement. The employee will work from the alternate remote location identified as the primary work location. The agreement does not prevent or restrict the supervisor’s ability to require the employee to report to the permanent work assignment location or another temporary work location as needed and without advance notice; however, advanced notice shall be given whenever possible.
 2. The District’s rules and policies governing salary, time and attendance, requesting and using leave, and expectations of performance are unchanged by this agreement. The employee must obtain supervisor approval before taking leave in accordance with District policies.
 3. The employee will comply with all District rules and policies governing use of equipment and technology. District-provided equipment will be serviced and maintained by the District. The employee is responsible for servicing and maintaining any personal equipment, materials, and technologies provided and used by the employee for business purposes.
 4. The employee must make reasonable attempts to create and maintain a safe and healthy work environment. The District may inspect the employee’s alternative work location during the employee’s normal working hours to ensure proper maintenance of any District-owned property and compliance with health and safety standards. The District will provide at least 48 hours’ notice prior to the inspection, except in an emergency, and state the reasons for the inspection.
 5. The District shall not be liable for damages to the employee’s personal or real property during the course of performance of official duties or while using District equipment in the employee’s residence or other property, except where required by law.
 6. The District shall not be responsible for operating expenses, home or property maintenance, or any other incidental costs (e.g. utilities) associated with the employee’s participation in the agreement. The employee shall continue to be entitled to reimbursement for authorized travel and expenses while conducting business as assigned by the District per the District’s reimbursement policies. The employee will not be reimbursed traveling to and from the work site.
 7. Injuries occurring while the employee is in a paid working status and performing assigned work shall be subject to worker’s compensation laws and regulations the same as work performed at a District-owned and operated facility. The employee agrees to bring to the immediate attention of the supervisor any accident or injury occurring at the alternative work location. The supervisor will investigate all accident and injury reports immediately following notification.

8. The employee shall comply with all District policies and standards for safeguarding and protecting any confidential business information, personally-identifiable information, and all other sensitive information the employee possess. The employee shall ensure confidential, personally-identifiable, and all other sensitive information discussed via any form of communication is conducted in a manner consistent with District policies and procedures and protects the information from unauthorized disclosure to the maximum extent possible. The supervisor and employee will discuss the safeguards and protections in place and to be used by the employee.

9. Hours of Work/Compensation/Benefits:

The employee:

- a) Agrees to apply themselves to work during assigned work hours and to maintain at least the current productivity and quality levels at the alternative work location;
- b) Acknowledges that schedule changes may be made at the discretion of the supervisor and that the operational needs of the District shall take precedence over telecommuting;
- c) For non-exempt employees, agrees to obtain prior approval before working overtime and understands that the supervisor will not accept unapproved overtime work; and
- d) Agrees to follow established unit procedures including obtaining supervisory approval in requesting and obtaining approval of leave.

The supervisor:

- a) Agrees that procedures are in place to document the work hours of the employee while working at the alternative work location and to ensure compliance with the Fair Labor Standards Act; and
- b) Will discuss with the employee status during emergencies or weather-related closings affecting the central or alternative work locations.

Alternative Worksite Internet Connection:

Does employee have broadband wired access to the internet? Yes No

Type of Connection: _____

Employee-Provided Equipment:

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

Note: Employee-owned computers and other personal equipment (except cell phones) cannot be used to login to the District's network

District-Provided Equipment (please check) and Supplies Provided:

Equipment	Monthly Estimated Cost	Describe Type and Identification Number
<input type="checkbox"/> Laptop	_____	_____
<input type="checkbox"/> Docking Station	_____	_____
<input type="checkbox"/> Monitor	_____	_____
<input type="checkbox"/> Keyboard and Mouse	_____	_____
<input type="checkbox"/> Scanner	_____	_____
<input type="checkbox"/> Printer	_____	_____
<input type="checkbox"/> Fax	_____	_____
<input type="checkbox"/> Surge Protector	_____	_____
<input type="checkbox"/> Internet Connection	_____	_____
<input type="checkbox"/> Landline Telephone	_____	Long Distance Required: <input type="radio"/> Yes <input type="radio"/> No
<input type="checkbox"/> Cellphone	_____	_____
<input type="checkbox"/> Personal Digital Assistant (PDA)	_____	_____

Supplies Provided & Monthly Estimated Cost

1. _____
2. _____
3. _____
4. _____
5. _____

Note: Please use additional sheets for documenting additional supplies provided.

Additional Support Resources Requested:

Work Standards/Performance:

The employee will:

1. Comply with all federal and state laws and applicable District policies and procedures when telecommuting;
2. Meet with the supervisor to receive assignments; discuss how routine communication between the employee, supervisor, co-workers, and customers will be handled; and to review completed work as the supervisor deems necessary;
3. Complete all assigned work according to work procedures mutually agreed upon by the employee and the supervisor, and according to guidelines and expectations stated in the employee’s performance plan;
4. Notify the supervisor immediately of any situation which interferes with the employee’s ability to perform the job;
5. Permit the supervisor access to the alternative work location during assigned work hours; and
6. Limit performance of the employee’s officially assigned duties to the central workplace or District-approved alternative work location.

Acknowledgment:

As the employee, I acknowledge that I have been given a copy of the District’s Computer and Network Use procedures and will abide by the established procedures.

* Please initial: _____

Approvals:

By signing below the Employee, Supervisor, and appropriate administrator agree to the terms of this Telecommuting Plan. A copy of the Telecommuting Plan is to be retained by the Department/Unit.

Failure to comply with the terms of this Telecommuting Plan may result in termination of the telecommuting plan, and/or appropriate disciplinary action.

Employee Certification

I agree to voluntarily participate in this telework agreement. I have read and agree to the terms and conditions stated above.

Signature: _____ Date: _____

Supervisor Certification

The District authorizes the employee’s participation in this agreement. I have read and agree to enforce and comply with the terms and conditions stated above.

Signature: _____ Date: _____

Vice President Approval

Signature: _____ Date: _____

Human Resources Approval

Signature: _____ Date: _____

This agreement will expire at the end of the spring semester, May 31, 2021. It must be reviewed and renewed by both parties if the telework agreement is to continue.

Either party may cancel this agreement without notice at any time.

Attachment A: Safety and Ergonomic Checklist

The following checklist must be completed for any in-home alternative work site and reviewed upon renewal of the agreement. All items must be evaluated by the employee as being satisfactory. All equipment must be installed and maintained in accordance with the guidelines stated in Attachment B – “Setting Up an In-Home Office”

- I) Electrical
- a) There are an adequate number of electrical outlets to support equipment in the work area Yes No
 - b) Electrical cords are not frayed or otherwise damaged Yes No
 - c) Extension cords are not used as a permanent source of electricity Yes No
 - d) Electrical equipment and tools are properly maintained Yes No
 - e) Computers, peripheral equipment, fax machines, and similar devices are connected to surge protectors Yes No
- II) Fire Protection
- a) Smoke Detector
 - i) There is a smoke detector placed near the work area and any equipment used to support teleworking Yes No
 - ii) The detector is approved by Underwriter’s Laboratory (UL) and can be tested for proper operation Yes No
 - b) Fire Extinguisher
 - i) A 2a10BC fire extinguisher is available Yes No
 - ii) The fire extinguisher is fully charged Yes No
 - iii) The fire extinguisher is within 10 feet of the teleworking equipment and is easily accessed Yes No
- III) Emergency Procedures
- a) There is an evacuation plan Yes No
 - b) There is more than one way to exit the workspace (e.g. doors, windows) Yes No
 - c) There is a fully stocked first aid kit on site Yes No
- IV) Environment
- a) The work area is uncluttered and free of tripping hazards Yes No
 - b) All equipment is adequately supported and secured to prevent falling Yes No
 - c) The work area has adequate lighting Yes No
 - d) Potentially hazardous chemicals are not stored in or around the work area. Yes No
- V) Work Station Ergonomics
- a) Positioning When Seated
 - i) Forearms and wrists can be parallel to the floor and upper arms resting at sides when at the keyboard/work surface Yes No
 - ii) Thighs are parallel to the floor when seated Yes No
 - iii) Feet are supported and heels are on a flat surface Yes No
 - iv) At least 2” of clearance between thighs and the work surface Yes No
 - v) Space between the edge of the seat pan and back of knees (approximately the width of a closed fist) Yes No
 - vi) Top of the monitor is at a comfortable height (no need to tilt head forward or backward to view) Yes No
 - vii) Monitor screen is at a comfortable distance from eyes (no need to lean forward or backward to clearly view text) Yes No
 - b) Chair Adjustment
 - i) Chair height allows seating in a neutral position Yes No
 - ii) Backrest supports the curve of lower spine so spine is slightly arched Yes No
 - c) Foot Support
 - i) Feet sit comfortably on the floor or on a footrest Yes No
 - ii) If used, footrest allows for seating in a neutral position Yes No
 - iii) Footrest allows for leg movement and is removable Yes No

VI) Work Station Arrangement

a) Workspace

- i) Materials and equipment used frequently are easily accessed and placed within 16" of reach Yes No
- ii) Materials and equipment used infrequently are placed within 16" to 24" reach Yes No
- iii) Frequently used materials positioned to eliminate harmful posture and motions Yes No
- iv) Documents placed on the same visual plane as the screen to reduce back and forth neck motions Yes No
- v) Telephone(s) placed within proper reach and on the side opposite the dominant writing hand Yes No
- vi) Majority of reaching motions necessary occur below shoulder height and above knee height Yes No

"No" responses do not necessarily prohibit a telework agreement will be approved.

Acknowledgement

The District is responsible for ensuring employees have a safe work environment under Cal-OSHA (C.L.C. Section 6401.7(a)2). The District may require a safety inspection by a qualified health and safety inspector of a teleworker's home office space. If warranted, the District will provide 48-hour notice to the employee except in an emergency.

I, _____ (print name) certify my home office meets all or the majority of the above requirements in the Safety Checklist and Acknowledgement.

Signature: _____ Date: _____

Supervisor Acknowledgement:

Signature: _____ Date: _____

Attachment B – Setting Up an In-Home Office

A home office should be in a safe, efficient, and comfortable location. Observe your patterns of movement in and around the work area and avoid high traffic areas of the home.

Primary Considerations:

1. Desk – Sturdy and able to support the weight of any peripheral equipment (computers, printers, etc.). Conventional desks are typically 29” high, computer desks 26” high.
2. Chair – Seat should be adjustable, including the headrest. Height to top of seat from the floor should be between 15 and 25 inches. Back tilt on the chair/lumbar support should be 15 degrees.
3. Lighting – Work lighting should be directed toward the side or behind the line of vision. Bright light sources can diminish the sense of contrast. Overhead lighting is optimal for office work and computer operation.
4. Electricity – Avoid overloading circuits. There should be enough power outlets to support the equipment used. Cover interconnecting cables or place them out of walking paths. Use a surge protector to connect all electronic equipment. Position equipment near outlets. Ensure electrical outlets are grounded.
5. Noise – Avoid and keep distracting sound minimized. Use doors and/or room dividers to control external noises. Use soft background music to maintain productivity and concentration.
6. Protecting data and equipment
 - a. Position equipment away from sunlight and other heat sources
 - b. Place equipment on well-ventilated surfaces and leave space around the item
 - c. Dust equipment frequently
 - d. Do not eat or drink near equipment
 - e. Never place food or beverages on equipment
 - f. Keep magnets, phones, fluorescent lamps, and electrical motors away from computer equipment