



California State University, Stanislaus

POLICIES AND PROCEDURES

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| Subject: Telecommuting Guidelines | Department Name: Human Resources | Section Number: 5695 |
| | Complete Revision X Partial Revision New | Effective Date: 07-01-2001 Issue Date: |
| | | Approval: 07-19-2001 Revised: 10-01-2009 |

I. PURPOSE

The purpose of this policy is to define the telecommuting program for California State University, Stanislaus (the University) and the guidelines and rules under which it will operate. This policy applies to all telecommuting activities of the University and is authorized by California Government Code sections 14200-14203 plus CSEA Memo of Understanding, Section 18.16. All managers and telecommuters should be familiar with the contents of this policy.

The University supports the use of a telecommuting work option for home offices in positions whose job duties can be performed away from campus. This policy recognizes the benefits to the University available through a planned and managed telecommuting program.

The opportunity to participate in a home telecommute program is offered only with the understanding that it is the responsibility of the employee to ensure a proper work environment is maintained (e.g. dependent care arrangements are made so as not to interfere with the work, personal disruptions such as non-business telephone calls, and visitors are kept to a minimum, etc.). Failure to maintain a proper work environment provides cause for an employee's immediate termination from this program.

Telecommuting opportunities are based upon program requirements as determined by the appropriate Vice President.

a. Definition

Telecommuting is working in a space specifically set aside as an office in an employee's residence (home office).

II. EMPLOYEE SELECTION

Telecommuting is only feasible for those job duties that can be performed away from the main office. Participation shall be based on specific, written, work related criteria established by the employee's appropriate administrator. The written agreement (Attachment 1) shall contain the work schedule, performance expectations (Attachment 1A), and duration of the agreement. Such selection criteria for telecommuting candidates may include such factors as employees past work performance with a history of reliable and responsible discharge of work duties, employees ability to provide alternative work space and necessary appropriate equipment, the feasibility to perform job duties in whole or in part away from the campus office, full understanding of the operations of the organization. The appropriate Vice President must approve proposed selection and work schedules.

Employee participation in home office telecommuting is voluntary and at the discretion of the appropriate administrator with final approval of the area Vice President.

III. PROCEDURES

a. Work Schedule

Telecommuters shall maintain regular contact with supervisors and co-workers. Home office telecommuters shall spend a minimum of one day per week in the main office, except under unusual conditions approved in advance by the manager.

University operational needs take precedence over telecommute schedules. The employee will forgo telecommuting if needed in the office or elsewhere on the regularly scheduled telecommute day.

All telecommuting work schedules are discretionary to management and require prior management approval. The work schedule shall be consistent with the operational needs of the employee's work group and the provisions of the employee's collective bargaining agreement.

For non-exempt employees: overtime shall be authorized in advance by management in accordance with the provisions of the employee's collective bargaining agreement.

As with any work schedule, temporary telecommuting assignments or changes in work schedules may be made at management's discretion to meet management needs or to accommodate employee's appropriate needs and in compliance with the appropriate collective bargaining agreement.

b. Employee Requirements

As with all State employees, telecommuters are expected to adhere to all the rules and regulations in the State Administrative Manual, and all University policies and procedures, including those pertaining to security and confidentiality for university infrastructure and documents, the computer, its data and information, and any other information handled in the course of work. Specific details are described in OIT Procedure OIT07a "Remote Computing" regarding hardware and software security specifications and requirements.

c. Equipment Needs and Cost Factors

As appropriate, telecommuters will require a computer with a modem to communicate with people and access the information needed to perform their responsibilities. It is essential that the equipment used at the home office be compatible with the main office equipment. The use of a laptop computer may be considered. An employee's own equipment may be used. A telephone is also an essential requirement so that the employee may stay in contact with the University. Voice and data communications may be handled through the employee's residential phone, if volume is not heavy.

State provided equipment is to be used only by the telecommuting employee.

d. Maintenance, Repair, and Replacement

Maintenance and repair of State owned equipment issued to telecommuters (Attachment 2) would be the responsibility of the University. Replacement of State owned equipment, which is stolen or destroyed, would be the responsibility of the telecommuter. Replacement cost will be the responsibility of the telecommuter. In the event of equipment malfunction, the telecommuter must notify his/her supervisor immediately. If repairs will take some time, the employee may be asked to report to the main office until the equipment is usable. Repairs to State equipment that result from employees negligence, recklessness or intent to damage, would be the responsibility of the employee.

Repairs to telecommuter owned equipment would be the responsibility of the employee.

e. Health and Safety

Telecommuting employees are responsible for designating one area in their house as the work site which shall be approved by their supervisor for ensuring that their home work site complies with health and safety requirements and must so certify as part of their "Telecommuter's Agreement." A "Telecommuter's Safety Checklist" (see Attachment 4) must be completed and signed by the employee before telecommuting privileges are granted. The University may deny an employee the opportunity to telecommute or may rescind a telecommuting agreement based on safety considerations or the needs of the University at any time.

If an employee incurs an injury while telecommuting, worker's compensation law and rules apply. "Telecommuting" is defined as the actions directly related to working in the home-approved work site, and does not include actions that the telecommuter may take during break periods from working. These non-covered actions would include all actions that the employee would not be able to perform in his/her regular office, or which are directly related to the operation of the home. Examples of such non-covered actions include caring for children, domestic tasks, yard

work, checking mail, retrieving the newspaper, etc. In the event of a worker's compensation injury or illness, employees must notify their supervisors immediately and complete all necessary and/or management requested documents regarding the injury per policy.

f. **Employee Rights**

None of the rights or benefits provided under the employee's collective bargaining agreement between the CSU and the employee unions are enhanced or abridged by the implementation of this telecommuting program. Employees retain the right to grieve in accordance with the provisions of their collective bargaining agreements.

Employees retain the right to meet with their union representative in accordance with the provisions of their collective bargaining agreements. Normally, such meetings will take place at an on-campus location, not at the employee's home office.

IV. TERMINATION OF PARTICIPATION

Because participation in telecommuting is a bilateral voluntary agreement, the University may change, alter, or terminate an individual employee's participation in the program without cause, at any time. Notice will be provided in accordance with the appropriate contract provisions. Termination of the employee's participation for cause may be immediate and does not require advance written notice. The University will make arrangements for the employee to begin working at the main office as quickly as possible. The employee may also request to terminate participation.

V. TELECOMMUTER'S AGREEMENT AND SUPERVISOR'S CHECKLIST

The "Supervisor's Checklist for Telecommuters" (Attachment 3) provides a way to verify that all essential parts of the start-up of a telecommuting arrangement with an employee have been covered prior to the actual start of telecommuting.

The Telecommuter's Agreement documents the mandatory policies in effect and supersedes any other agreements between the supervisor and the telecommuter. This must be signed by both parties prior to the start of telecommuting and must be reviewed and renewed at least annually to ensure that the guidelines for participating in the program are well understood. This agreement, its attachments and any revisions are not contracts or promises of employment. Nothing in this Agreement guarantees employment for any specific term.

VI. RENEWAL OF TELECOMMUTING AGREEMENTS

Each telecommuter's agreement should be discussed and renewed annually, whenever there is a major job change, or whenever the telecommuter or manager changes positions. Because telecommuting was selected as a feasible work option based on a combination of job characteristics, employee characteristics, and manager characteristics, a change in any one of these elements will also require a review of the telecommuting arrangement.

Telecommuting is a work arrangement between an individual employee and his or her manager. The employee has no automatic right to telecommute.

VII. TAX IMPLICATIONS

Any and all tax implications of utilizing a home office deduction are the responsibilities of the employee.

VIII. ATTACHMENTS

1. Telecommuter's Agreement
2. Work Performance Expectations
3. Equipment Checklist
4. Supervisor's Checklist
5. Home Safety Checklist

TELECOMMUTER'S AGREEMENT

Both the manager and the telecommuter understand that home-based telecommuting is a voluntary option exercised by both parties and can be by the University at any time.

The initial pilot period for this agreement shall be from _____ to _____. If the agreement is not revoked or terminated prior to _____ then, the duration of the telecommute agreement shall be effective from _____ to _____ provided the duration is no longer than one year. Upon expiration of the effective time period, the agreement must be renewed prior to continued participation in the University's telecommuting program.

Attachment IA outlines the work performance expectations of the telecommute assignment. By signing this agreement the employee understands and agrees to satisfactorily meet the performance expectations as provided. This agreement, its attachments and any revisions are not contracts or promises of employment. Nothing in this Agreement guarantees employment for any specific term.

California State University, Stanislaus (the University) would provide the following business-related expenses:

- Charges for business related long distance telephone calls
- Maintenance and repairs to State owned equipment for damage not due to employee's negligence, recklessness or intent.

Claims will be submitted with appropriate receipts, bills, or other verification of the expense.

Telecommute days are scheduled and will not be substituted without advance approval of the manager. Campus office days and campus office hours will be _____. Home office days will be _____.

Telecommuters must be available during the core business hours of _____ to _____. Due to FLSA, Worker's Compensation and other potential legal concerns, under no circumstances is an non-exempt employee to work outside of the following hours _____ a.m. to _____ p.m. (i.e. 6 a.m. to 6 p.m.).

The supervisor must approve use of vacation, time off, or other leave credits in advance. For non-exempt employees, overtime to be worked must be approved in advance by the supervisor. For exempt employees, the manager must approve hours of availability.

Telecommuting is not a substitute for dependent care, and employees must make regular dependent care arrangements.

The employee has read and understands the University's telecommuting policies and agrees to abide by those policies.

The telecommuter shall carry out the steps needed for good information security in the home office setting, and has read the University's security requirements and procedures. The telecommuter agrees to check with her/his supervisor when security matters are at issue.

This agreement, its attachments and any revisions are not contracts or promises of employment. Nothing in this Agreement guarantees employment for any specific term.

Employee's Name (Print Name)

Employee's Signature

Supervisor's Signature

Cc: Employee Personnel file

**TELECOMMUTER'S AGREEMENT
WORK PERFORMANCE EXPECTATIONS**

The following is a list of the work performance expectations for:
(Employee Name) _____ agrees to perform in a satisfactory manner for
the period of this telecommuting agreement from the effective date of _____ to the
ending date of _____. These work performance expectations shall be attached to
and/or incorporated into the employee's job description and shall be used in assessing the
employee's job performance for the appropriate review period.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

SUPERVISOR'S CHECKLIST FOR TELECOMMUTERS

Date: _____

Name of Telecommuter _____

Name of Supervisor _____

Date Completed

- 1. Employee has read the University's telecommuting policy. _____
- 2. Employee has been provided with a schedule of core hours. _____
- 3. Equipment issued by the University is documented. _____
- 4. Performance expectations have been discussed and are clearly understood
Assignments and due dates are documented and on file with manager and
employee. _____
- 5. Requirements for care of equipment assigned to the employee have been
discussed and are clearly understood. _____
- 6. The employee has completed and signed the Telecommuter's home safety
checklist, and subsequently corrected or removed all identified safety hazards
from the home work area.+ _____
- 7. The employee is familiar with the University's requirements and techniques for
computer information security as described in OIT Procedure OIT07a "Remote
Computing." _____
- 8. Phone contact procedures have been clearly defined and unit secretaries and
receptionists have received training on talking and forwarding calls to the
employee. _____
- 9. The employee has read and signed the Telecommuter's Agreement prior to
actual participation in the program. _____
- 10. Designated work site is approved. _____
- 11. Report of work site injury policies have been discussed and reviewed with
employee. _____

Supervisor Signature Date

Employee Signature Date

HR Form #77

HOME SAFETY CHECKLIST FOR TELECOMMUTERS

| <u>YES</u> | <u>N/A</u> | <u>NO</u> | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are all steps/stairs clear of objects, which could cause a person to trip? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Do all steps/stairs have a firmly anchored handrail? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are all stairways well lighted? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are stair coverings securely anchored? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Do you have a safe step stool with a handrail for reaching high shelves? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are all scatter rugs skid-proof, and do they lay flat? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are all carpets securely anchored? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are all entrance ways, exits, halls and walks well lighted? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are all walks, porches and doorways kept clear of obstacles? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are all hard-surfaced floors clean, are spills wiped up immediately? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is non-skid wax used on all polished floors? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is proper footwear worn to prevent slips, trips, falls and other fall injuries? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are lamp, extension, and telephone cords placed out of traffic areas? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are all chairs, tables and desks safe to use and ergonomically correct? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are all electric receptacles of the three-prong grounded type? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are all bathroom, kitchen, and outdoor circuits protected by a ground fault circuit interrupter? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Do you know how to shut off the electrical, water and gas sources to your home? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are all fuses of correct amperage? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are fuses or circuit breakers labels to identify outlets and appliances they protect? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Does your home work site have adequate electrical power in all areas to safely operate all your electrical appliances? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Do all light switches work correctly? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Do all wall switches and outlets have safe cover plates? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are all appliance and extension cords in good condition? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is the ground prong still on all electric plugs, which came equipped with one? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are all electrical appliances Underwriters laboratories (UL) approved? Check both the appliance and the cord? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are small electrical appliances such as hair dryers, shavers, electric knives, coffee pots, etc. unplugged when not in use? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | If smoking is permitted in your home, do you provide deep, wide-rimmed ashtrays and prohibit smoking in bed or while lying down? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is the furnace cleaned and serviced yearly? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are areas around the furnace clear of boxes and other combustible materials? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is the chimney and smoke pipe cleaned yearly? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Does the fireplace function properly and is it adequately screened? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is the space around the hot water heater clear of combustible materials? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Does the hot water heater have a pressure and temperature relief valve? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is the hot water temperature 120 degrees or less to prevent burns? (It may |

need to be set at 140 degrees for the dishwasher to wash dishes properly.)

- | <u>YES</u> | <u>N/A</u> | <u>NO</u> | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are portable water heaters and heaters adequately screened to prevent contact with the floor? (It may be necessary to set the water heater to wash dishes properly.) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are portable heaters in good condition, is adequate ventilation provided, and is it positioned in a safe location away from flammable materials? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Have you developed and practiced a fire escape plan for your work site? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are the smoke and/or fire detectors installed in the house, at least one per floor? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are the smoke and/or fire detectors tested monthly? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Do you have a charged ABC fire extinguisher of at least the 2-1/2 pound size conveniently located in your home? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Do you have plenty of wall outlets for lamps and appliances? “ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Do you check power cords and have them replaced if they're damaged? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are extension cords the right capacity for the tools or appliances you're using? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Do you keep a flashlight handy for emergencies? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Do you avoid running electrical cords under carpeting or hanging them from nails? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are all sliding glass doors and other glass doors fitted with non-breakable glass? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Do sliding glass doors have some type of figure or design on the glass to help you see them when they are closed? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Do all doors close and latch properly? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are all exterior doors secured with a deadbolt for security purposes? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Do all windows close and latch securely? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is a well-stocked first aid kit available for emergencies? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Do you have emergency numbers posted by all telephones? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Do you locate portable stoves and heaters where they won't get knocked over? Do you keep them at least three feet from furnishings and flammable materials? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Do you keep paint; paint thinner, pesticides and gasoline stored outside of the homework site and away from heat and other ignition sources? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is mildew controlled through adequate air circulation and humidity control? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are you reasonably certain that your home is free of radon, for formaldehyde and other toxic gases? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Do you get help for lifting heavy or difficult jobs? |

I have reviewed the above and agree that all applicable areas are complied with.

Employee Signature

Date

Appropriate Administrator