

# Telecommute Agreement for Classified Professionals

## EMPLOYEE INFORMATION

Name:		Job Title:	
Employee ID Number:		Department:	
Telecommute Address:		Residence / Mobile Phone:	

## TELECOMMUTE INFORMATION

This telecommute arrangement is:	<input type="checkbox"/> Regular/Recurring OR <input type="checkbox"/> Occasional/Temporary
This agreement will run from:	From: _____ To: _____ OR <input type="checkbox"/> Ongoing until further notice
Telecommute work days/hours:	
Onsite work days/hours:	
If other, please specify:	

## Telecommuting Equipment

Required equipment:	Indicate if your equipment is District-owned or personal:
<input type="checkbox"/> Computer	
<input type="checkbox"/> Printer	
<input type="checkbox"/> Other (please specify below): <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Monitors, docking stations, keyboard, scanner

Method of communication while telecommuting:		
<input type="checkbox"/> Phone	Phone number:	
<input type="checkbox"/> Email	Email address:	
<input type="checkbox"/> Text	Phone number:	
<input type="checkbox"/> Instant Messaging		
<input type="checkbox"/> Zoom		
<input type="checkbox"/> Other (please specify):		

## EMPLOYEE ACKNOWLEDGEMENTS

<input type="checkbox"/>	I agree to abide by District Policies and Procedures, the terms of the Telecommute Program, Safety Checklist and this Telecommute Agreement.
<input type="checkbox"/>	I understand and agree that telecommuting is a privilege, not a right, and is not subject to the grievance process.
<input type="checkbox"/>	I acknowledge that this arrangement is voluntary and may be terminated at any time by either party, with notice as specified in the Telecommute Program.
<input type="checkbox"/>	I acknowledge that management retains the right to modify the agreement on a temporary basis as a result of business necessity (for example, I may be required to come to campus on a particular day), or as a result of my request when approved by my supervisor.
<input type="checkbox"/>	I understand and agree that I must come into the office on a regularly scheduled telecommute day when my supervisor requires me to do so.
<input type="checkbox"/>	I agree to provide necessary security for both electronic and paper information. I understand and agree that I must comply with all procedures designed to protect sensitive District information, including information that is confidential, private, personal, or otherwise sensitive while telecommuting.
<input type="checkbox"/>	I agree to provide a secure location for District owned equipment and materials, and will not use, or allow others to use, such equipment for purposes other than District business; and acknowledge that the District is entitled to reasonable access to its equipment and materials.
<input type="checkbox"/>	I acknowledge that the District issued computer and equipment/supplies must be returned to the District within one (1) working day of termination of this agreement.
<input type="checkbox"/>	I will establish and maintain a safe home office environment. I acknowledge that my designated workspace complies with all health and safety requirements.
<input type="checkbox"/>	I will learn and apply ergonomic safety practices.
<input type="checkbox"/>	I agree to hold the District harmless for any injury to others at the telecommuting location.
<input type="checkbox"/>	If I choose to use my privately owned equipment for the necessary performance of my job duties, I agree to maintain or repair it at my own cost.

<input type="checkbox"/>	I agree I am responsible for any utility costs associated with the use of the computer or occupation of the telecommute location.
<input type="checkbox"/>	I acknowledge I am responsible for any travel expenses associated with commuting to the District, unless stated otherwise in the agreement.
<input type="checkbox"/>	I agree I am responsible for any installation and service of phone or data lines or other costs associated with phone and internet connectivity.
<input type="checkbox"/>	I agree to make arrangements for dependent care as I would if I were not telecommuting.
<input type="checkbox"/>	I agree to ensure customer needs take precedence over the home office schedule and I will proactively stay in touch with my supervisor, coworkers, students and customers
<input type="checkbox"/>	I agree to achieve proficiency in computer hardware and software skills necessary to perform the assigned Telecommute duties.

By signing, I affirm I have read and understand the Santa Rosa Junior College Telecommuting Article and Agreement and that the information in this agreement is true.

Employee Name/Signature (if required)	Date
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**SUPERVISOR REVIEW AND APPROVAL**

Name:	
Title:	
<input type="checkbox"/>	I have reviewed and approved this Telecommuting Article and Agreement.

Supervisor Signature	Date
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**VICE PRESIDENT REVIEW AND APPROVAL**

Name:	
Title:	
<input type="checkbox"/>	I have reviewed and approved this Telecommuting Agreement.

Vice President Signature	Date
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# Telecommute Supervisor's Checklist

## I. EMPLOYEE INFORMATION

Name:		Job Title:	
Employee ID Number:		Department:	
Telecommute Address:		Residence / Mobile Phone:	

Name of Employee: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

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

1. Employee and Supervisor have read and agree to abide by the provisions of the Santa Rosa Junior College Telecommute Program.
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 district 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 have been reviewed with the employee, and the employee certifies that those requirements have been met via the Telecommute Safety Checklist.
6. The employee has read the district's Computer and Communication Technology Policy and Procedure 2.13/P and received relevant training.
7. Phone and other contact procedures have been clearly defined and have received training.
8. The employee has read and signed the Telecommute Agreement prior to actual participation in the program.
9. Telecommuter has met with Information Technology to review equipment, software, and information security requirements.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Telecommute Safety Checklist

The following checklist provides guidance and best practices on completing a safety / ergonomic evaluation when telecommuting:

## **The Work Environment**

- Telecommuter has a clearly defined work space.
- Level of illumination and location of lighting fixtures are suited to the activity. Note: lighting level should be sufficient for visual tasks to be completed without eye strain. Greater illumination is generally needed for very fine visual tasks. Natural and artificial light sources should not create glare via reflection on the computer screen or working surface.
- Heating, ventilation and cooling is sufficient to maintain the worker's individual comfort levels, regardless of the season.
- Location, height and other physical characteristics of furniture and computer are suited to the task and take into consideration other factors i.e.: exit routes, direction of light source.
- Storage is organized to minimize risks of fire and spontaneous combustion.
- Heavy items are securely placed on sturdy stands close to walls.
- Walkways are clear of clutter and trip hazards such as trailing electrical cords. The work area is segregated from other hazards in the home i.e.: hot cooking surfaces in the kitchen.
- Path to the exit is reasonably direct, sufficiently wide and free of trip hazards and obstructions to allow unimpeded passage.

## **Security and Safety**

- Security is sufficient to prevent unauthorized entry.

## **Electrical**

- Power outlets are not overloaded with double adapters and power boards.
- If possible, all extension cords have grounding conductors.
- Exposed or frayed wiring and cords are repaired or replaced immediately upon detection.
- Electrical enclosures (switches, outlets, receptacles, junction boxes) have tight-fitting covers or plates.
- Surge protectors are used for computers, scanners, and printers.
- Electrical equipment used for work is properly tagged and tested in accordance with District practice.

## **Safety Equipment Checklist**

- Emergency phone numbers (hospital, fire department, police department) are posted at the alternate work site.
- First-aid kit is easily accessible and replenished as needed.
- Fire extinguisher (UL approved)
- An earthquake preparedness kit is easily accessible and maintained in readiness.
- Smoke detector, properly serviced.

## Workstation Checklist

### Chair

- Seat height is adjusted so that arms and forearms are at right angles or slightly greater and forearms and hands form straight lines when resting on the keyboard.
- Feet are flat on the floor or on a footrest so that knees are bent at right angles and thighs are horizontal to floor.
- Seat back is adjusted to support the lumbar curve of the low back.
- Seat tilt is adjusted so hips and tops of thighs are at right angles or slightly greater.
- Armrests are out of the way while typing, but may provide support during other activities (i.e. phone use, meetings, etc.).

### Computer Related

- Keyboard-to-user distance allows user to relax shoulders with elbows hanging close to body.
- Keyboard position is flat.
- Mouse-to-user distance - mouse is directly next to the keyboard.
- Mouse is on the same level as the keyboard.
- Monitor height is adjusted so top of screen is at or slightly lower than eye level (may need to be lower where bifocals are used).
- Viewing distance is approximately arm's distance away (13 to 30 inches).
- Monitor and keyboard are placed directly and symmetrically in front of user.
- Monitor is positioned to avoid glare (perpendicular to window or strong light source)

### Work Practices

- Keyboarding posture wrists are kept straight and not supported on any surface while typing
- Sitting posture is upright or slightly reclined posture, maintaining slight hollow in lower back.
- Repetitive actions are not continued for long periods without appropriate breaks.
- Breaks involve stretching and changing of posture, and possibly alternating activity.
- Any lifting, pushing, or carrying type task is well within the physical requirements as identified in the job description.
- Carts or other mechanisms are used for moving heavy and awkward items.
- Hand is used to hold telephone receiver or headset is worn (no cradling).

Home office safety re-certification will be required on an annual basis. Contact Human Resources for any questions regarding best practices listed above.

***I certify that I have reviewed the above checklist and will adhere to these safety guidelines when setting up my telecommute location:***

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SONOMA COUNTY JUNIOR COLLEGE DISTRICT**  
**1501 Mendocino Ave, Santa Rosa CA 95401**  
**EQUIPMENT USE AGREEMENT**  
**For Telecommuting Use of District Property/Equipment**

Name:		Job Title:	
Employee ID Number:		Department:	
Telecommute Address:		Residence / Mobile Phone Number:	
Property / Equipment:		Description:	
District Asset Tag Number:		Serial Number:	
Condition of Equipment:		Notes:	
Loan Date Start:		Loan Date End:	

Certification: I certify that the equipment will be used for District business and in accordance with established District policies and the terms of the Telecommute Program. The equipment will be secured to prevent theft and password security and virus protection will be used, if applicable, to prevent unauthorized access or damage to District systems and data. The equipment will be returned to the District in the same condition as when received from the District at the end date specified above.

Computer equipment should have a configuration that is compatible with the District's information technology infrastructure. I understand that I am not to make any software modifications to equipment without authorization. I will be responsible to pay for any damage or loss incurred through negligence or lack of control for the same, and any corrective action taken to restore or replace the pieces(s) of property/equipment to the original condition upon return. In the event of equipment malfunction, I will notify my supervisor immediately.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dean/Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Vice President Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Information Technology Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_