

COUNTY OF RIVERSIDE, CALIFORNIA
BOARD OF SUPERVISORS POLICY

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Background:

Telecommuting is a substitute for commuting in which work is moved to people instead of moving people to work. Telecommuting offers employees the opportunity to share in the improvement of local air quality by reducing the number of vehicle trips made to assigned offices during the hours of 6:00am to 10:00am.

Program Participation:

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 “**Request to Home Telecommute**” form (**Attachment A**) to their supervisor/manager.

Participants may be selected by the department head or designee under the following criteria:

Eligibility:

Any employee who meets all of the following requirements:

1. Employed with the County at least 1 year and/or has successfully completed a probationary period.
2. Work assignments or job duties that allow him or her to be away from the office.
3. Has department approval to take part in the program.

Frequency of Telecommuting:

Employees can work at home or at a satellite workstation up to a maximum of three days in a given week. Supervisors/Managers may limit telecommuting further, if they feel it is necessary.

Schedules and Communications:

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.

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Telecommuting Agreement:

Each participant in the program will be required to sign a Telecommuting Agreement, which will specify the rights and responsibilities of the participant and the County.

Liability:

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. Supervisors may make safety inspections of home workstations. 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.

Child Care:

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 elderly adults who would otherwise need care while working at home.

Ending a Telecommuting Arrangement:

Managers and/or supervisors will have the right to unilaterally terminate a telecommuting arrangement made with a subordinate at any time.

Employees who no longer wish to telecommute may also terminate their telecommuting arrangements and return to full-time in-office work at any time.

Reference:

Minute Order 3.37 of 07/27/93
Minute Order 3.4 of 12/18/07

FOLLOWING IS ATTACHMENT "A"

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Attachment A

REQUEST FOR HOME TELECOMMUTING

This request should be completed only after careful review of the Telecommuting Quick Reference Sheet.

Employee Name: _____
Department: _____
Job Title: _____
Date: _____
Immediate: _____
Supervisor/Manager _____

How many miles one-way do you travel each day to your regular work site? _____

Describe your current job duties:

Describe how your current job duties can be adopted to home telecommuting:

Do you have adequate space in your home to dedicate to a workstation?
___ Yes ___ No

Describe in detail the exact home workstation location: _____

DO NOT use this Agreement during the 2008 Pilot Program. Please use xxxxxxxx.

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What equipment do you currently have at home that will be used 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 checking the appropriate blank.

- 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.

Are there any distractions/obligations that may make working at home difficult or impossible?

Yes No

If yes, please explain:

Upon completion forward original to your immediate supervisor/manager and one copy to the Rideshare Office at Stop #1008.



(To be completed by the employee's supervisor/manager)

Supervisor/Manager Name: _____

Date: _____

Do you recommend this employee as a candidate for home telecommuting?

Yes No

If no explain why

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Supervisor's Approval: _____
(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.

5/93

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Please use xxxxxxxx.**