



## TELEWORK CONDITIONS AND AGREEMENT (TCA)

### Part I – Telework Request and Justification

#### [1.1] Employee Information:

Name: \_\_\_\_\_ Official Job Title: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Department: \_\_\_\_\_ Unit: \_\_\_\_\_

How long have you worked for the County? \_\_\_\_\_

in current unit? \_\_\_\_\_ in current position? \_\_\_\_\_

Have you been employed by the County for at least one year and/or have passed your probationary period?  Yes  No Anticipated Date: \_\_/\_\_/\_\_

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

Supervisor: \_\_\_\_\_ Supervisor's Official Job Title: \_\_\_\_\_

Supervisor's Telephone Number: \_\_\_\_\_

#### [1.2] Telework Location Information:

##### On-site Location:

<b>Address:</b>	
<b>Phone:</b>	<b>Fax:</b>

##### Proposed Telework Location:

<b>Address:</b>	
<b>Phone:</b>	<b>Fax:</b>

Home  Satellite Office

Other \_\_\_\_\_

What is the distance in miles between the proposed telework location and the on-site location? \_\_\_\_\_

Do you have a room or an area at the telework location with privacy that you can dedicate to your use during telework?  Yes  No

Will this location store County files and equipment during non-telework hours?  Yes  No

If yes, can this location be secured?  Yes  No

**Dependent Care**

Do you have dependents requiring care during Telework hours?  Yes  No

If yes, would you have dependent care to relieve you from primary care responsibilities during Telework hours?  Yes  No

**[1.3] Telework Equipment, Services, and Security Information**

What equipment and software do you currently possess or propose to provide yourself? (check all that apply)

Phone Type? (Hard Line, VoIP, Cellular): \_\_\_\_\_

Pager Pager No.: \_\_\_\_\_

Voice Mail Dedicated to work?  Yes  No

Second phone line

Fax machine

Office furniture Describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Internet Service Provider Connection Speed: \_\_\_\_\_ Provider Name: \_\_\_\_\_

Personal Computer Type and model: \_\_\_\_\_

Operating System (OS) OS Name: \_\_\_\_\_

Microsoft Office Suite Version:  95/98/me  XP  2003  2007

Word  Excel  Outlook  PowerPoint  Access  Visio  Publisher  InfoPath

Can you provide proof of valid licensure for all your software?  Yes  No Initial Here: \_\_\_\_\_

Additional software required to perform your job functions Describe: \_\_\_\_\_

Printer Type and model: \_\_\_\_\_

Surge Protector Rating: \_\_\_\_\_

Other equipment not mentioned above Describe: \_\_\_\_\_

Remote access requested?  Yes  No

Do you consent to provide County of Riverside remote access to your personal computer during telework hours?  Yes  No Initial Here: \_\_\_\_\_

Do you consent to allow County of Riverside to actively monitor and record your actions on your computer during your telework hours?  Yes  No Initial Here: \_\_\_\_\_

What equipment, software, or services do you need from County of Riverside? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**[1.4] Proposed Telework Schedule**

Day	Hours	Location: (R = Remote, O = Onsite)
Sunday	AM/PM To AM/PM	
Monday	AM/PM To AM/PM	
Tuesday	AM/PM To AM/PM	
Wednesday	AM/PM To AM/PM	
Thursday	AM/PM To AM/PM	
Friday	AM/PM To AM/PM	
Saturday	AM/PM To AM/PM	
Break One	AM/PM To AM/PM	<b>NA</b>
Break Two	AM/PM To AM/PM	<b>NA</b>
Lunch	AM/PM To AM/PM	<b>NA</b>

Compressed work schedule day off (e.g. Pay Period Friday): \_\_\_\_\_

Core hours you can be reached: \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm

Employee agrees to call the office to obtain messages at least \_\_\_\_ times a day while teleworking.

How will attendance and leave records be maintained and processed:

- Timesheets scanned and emailed to supervisor?  Yes  No
- Timesheets delivered during regularly scheduled on-site hours?  Yes  No
- Other \_\_\_\_\_

If you are in a supervisory role please briefly explain how supervision will be provided during your telework hours:

**Part II - Job Functions, Duties and Responsibilities**

**[2.1] JOB SUMMARY:**

Briefly describe the main purpose of your job. (Examples: Receive, examine and process legal documents filed for civil cases – OR – key and transcribe verbatim record of criminal court proceedings – OR – manage administrative service operations of the Courts.)

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**Provide your last performance evaluation rating.** (Employees who have received an overall 'Below Expectations' rating on an evaluation are not eligible for telework scheduling)

JOB TITLE	EVALUATION PERIOD	OVERALL RATING

**[2.2] ESSENTIAL FUNCTIONS AND DUTIES:**

**Instructions**

Please read **all of the instructions** before completing this part of the position description form. Describe your job in your own words. Please do not rely on class specifications or pre-defined duty statements to complete this form. This should describe your current job; this is your position description.

## Filling out the Function/Task Box

Your essential job functions are listed on the following pages as the **heading** for each numbered function/task box. Once you list your essential functions, you will provide the individual tasks that are performed to support each essential function. Tasks should be listed as formal *task statements*. For a complete description of what a formal task statement should look like, refer to the worksheet attached to this PDQ as **Appendix A**. After listing the tasks performed under each of the essential functions, you are asked to indicate **how frequently** you perform the tasks, whether or not the task requires you to be on-site (not at your telework location), and the **importance** of each task. Finally, you are asked to estimate the percentage of time on-the-job spent on each essential function as a whole. *Please read the following instructions to ensure that each field is filled out correctly. To supplement the instructions, refer to the SAMPLE displayed in Figure 1.*

## Essential Functions

You should **first** identify four or five (4-5) of the most **essential functions** of your job (those functions for which the job exists.) An essential function is a broad term. An example of a job function would be *Supervising Staff*, not *Writing the work schedule*. The reason the latter is not a function is because it is a duty contained *within* the former.

## Key Tasks Column

For each **essential function**, please identify **key tasks** that are performed within each function. The tasks you identify should describe the *most* critical tasks associated with each essential function. **When writing your task statements please follow the format outlined in the attached worksheet (Appendix A)**. Please use words that are generally understood by people who do not work in your occupational field.

## Frequency Column

After you have identified and completed writing the task statements, please indicate how **frequently** each task is performed using the following codes:

**D** = performed once or more daily  
**W** = performed at least once/week  
**M** = performed at least once/month  
**Q** = performed at least every 3 months  
**Y** = performed at least once/year

## On Site Column

**Indicate whether each task requires you to be onsite** or can be completed from your telework office. Mark 'Y' if the task requires you to be on-site (i.e. face-to-face meetings, retrieving hard copy files from onsite file cabinets, etc.). Mark 'N' if the task may be performed completely from your telework office (i.e. checking email, writing reports, working on a web-based interface, etc.).

## Importance Column

**Rate the importance of each task statement** that you have listed. Rate each task's importance to the job on a scale of 1 – 5, with 5 being the highest rating. Use comparative judgment to assign ratings. This means that even if all tasks seem very important, compared to each other, some tasks will be *more* important relative to others.

## Percentage of Time Field

Please estimate the percentage of time on-the-job spent for each essential function as a whole. The goal is to divide your time spent on-the-job amongst the essential functions. THE SUM OF THE PERCENT OF TIME FOR **ALL** ESSENTIAL FUNCTIONS SHOULD EQUAL 100%.

**\*\*Below is an example of a completed essential function box. All yellow fields are to be filled out completely. Please refer to this as needed\*\***

**[Figure 1] SAMPLE of a completed Function/Task Box**

ESSENTIAL FUNCTION # 1: <b>Manage Employee Relations Caseload</b>	FREQ	% or TIME	ON SITE?	IMP
<b>KEY TASKS</b>				
1. Document case progress in ER database	<b>D</b>		<b>N</b>	<b>4</b>
2. Conduct administrative interviews	<b>W</b>		<b>Y</b>	<b>5</b>
3. Write administrative investigation report	<b>M</b>		<b>N</b>	<b>3</b>
4. Write disciplinary proposal/letter/memo	<b>W</b>		<b>N</b>	<b>5</b>
5. Communicate disciplinary recommendations to management	<b>M</b>		<b>Y</b>	<b>5</b>
Total For Essential Function #1:		<b>75%</b>		

<b>ESSENTIAL FUNCTION #1:</b>	<b>FREQ</b>	<b>% or TIME</b>	<b>ON SITE?</b>	<b>IMP</b>
<b>KEY TASKS</b>				
1.				
2.				
3.				
4.				
5.				
<b>Total For Essential Function #1:</b>				

<b>ESSENTIAL FUNCTION #2:</b>	<b>FREQ</b>	<b>% or TIME</b>	<b>ON SITE?</b>	<b>IMP</b>
<b>KEY TASKS</b>				
1.				
2.				
3.				
4.				
5.				
<b>Total For Essential Function #2:</b>				

<b>ESSENTIAL FUNCTION #3:</b>	<b>FREQ</b>	<b>% or TIME</b>	<b>ON SITE?</b>	<b>IMP</b>
<b>KEY TASKS</b>				
1.				
2.				
3.				
4.				
5.				
<b>Total For Essential Function #3:</b>				

<b>ESSENTIAL FUNCTION #4:</b>	<b>FREQ</b>	<b>% or TIME</b>	<b>ON SITE?</b>	<b>IMP</b>
<b>KEY TASKS</b>				
1.				
2.				
3.				
4.				
5.				
<b>Total For Essential Function #4:</b>				

<b>ESSENTIAL FUNCTION #5:</b>	<b>FREQ</b>	<b>% or TIME</b>	<b>ON SITE?</b>	<b>IMP</b>
<b>KEY TASKS</b>				
1.				
2.				
3.				
4.				
5.				
<b>Total For Essential Function #5:</b>				

The following characteristics relate respectively to your job duties you have listed above. Please rate each characteristic as either high (H), medium (M), or low (L):

- \_\_\_ 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.

Describe how your essential functions and key tasks can be successfully achieved on the telework schedule you indicated in **Part I**. Please address any apparent inconsistencies such as daily tasks that require you to be onsite.

## **Part III - Employee Certification of Telework Description Questionnaire and Polices**

### **County of Riverside Telework Policies**

The county of Riverside Telework Program is designed to make working at home an effective alternative. By understanding the following policies governing conditions of participation, equipment use and liability issues, you will have a greater awareness of your obligations – and the County's obligations – about working at home.

1. These telework policies provide a general framework for teleworkers in all County agencies and do not attempt to address the special conditions and needs of all individuals. More specific conditions relating to the employee working at home are detailed in the Telecommuting Agreement, which must be negotiated by the employee and his/her supervisor subject to manager's approval.
2. All teleworkers and their supervisors must attend on-line training and must comply with the County's Telework Policies.
3. Offering the opportunity to work at home is a management option; telework is not a universal employee benefit. An employee's participation in the County's telework program is entirely voluntary. The employee, supervisor or manager may terminate telework without cause.
4. The teleworker's condition of employment with the County remains the same as for non-telework County employees.
5. Employee salary, benefits and employer-sponsored insurance coverage will not change as a result of telework.
6. Since the employee's home work space is an extension of the County's work space, the County's liability for Job-related accidents will continue to exist during the approved work schedule and in the employee's designated work location. To ensure that safe working conditions exist, the County will retain the right to make on-site inspections as mutually agreed-upon times.
7. Any changes to the above-mentioned schedule or work space must be reviewed and approved by the supervisor and manager in advance.
8. In some instances, the teleworker will provide his/her own equipment. County equipment in the home office may not be used for personal purposes.
9. Unless otherwise agreed to in writing prior to any loss, damage or wear, the County does not assume liability for loss, damage or wear of employee-owned equipment.
10. Office supplies will be provided by the County and should be obtained during the teleworker's in-office work period. Out-of-pocket expenses for supplies normally available in the office will not be reimbursed. The County will not provide office furniture.
11. County-owned software shall not be duplicated.
12. To insure hardware and software security, all software for telework must be approved by the supervisor and manager before installation and only approved websites may be contacted.
13. Restricted-access materials shall not be taken out of the office or accessed through the computer unless approved in advance by supervisor and manager.
14. Telework is not a substitute for childcare. Teleworkers with small children shall make arrangements for childcare during the agreed-upon work hours.
15. While teleworking, employees should be reachable via telephone, within reason, during agreed-upon work hours. Teleworkers must notify the office if they leave their telework location, much like they would inform the receptionist when leaving the traditional office during the work day.
16. All teleworkers and their supervisors will participate in studies when necessary to evaluate the County's telework program

I have read and understand the County's telework policies and agree to the conditions detailed above; furthermore, I certify that the answers to all questions are my own and that to the best of my knowledge are complete and correct.

Signed \_\_\_\_\_

Date \_\_\_\_\_

Thank you for the time and effort needed to complete your Telework Description Questionnaire. Please feel free to retain a copy of this form for your personal files. After you complete this form, please forward it to your supervisor/manager.

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## Part IV - Management Acknowledgment

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I agree with the statements made by the employee and supervisor in this Telework Description Questionnaire.

Yes  No If no, please explain below.

Additional comments of the reviewing official should be attached to this form.

Name: \_\_\_\_\_  
Please print

Title: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

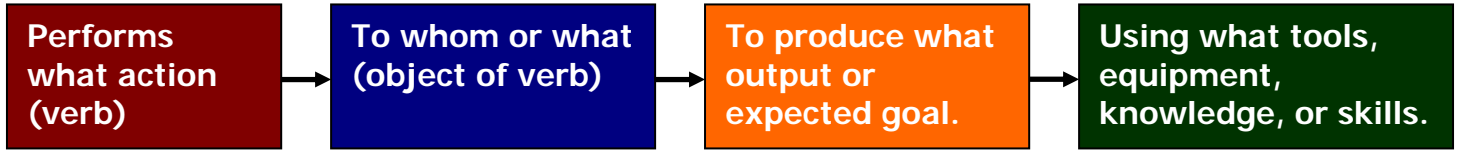
*Thank you for the time and effort required to review this Telework Description Questionnaire.*

***After this questionnaire has been signed by the supervisor AND manager, please return the ORIGINAL questionnaire to your department contact.***

# Appendix A: How to write a task statement



## The Components



## Example

*Task Identification:*

**I write lease agreements.**

*Sample Task Statement:*

**Prepare lease agreements between tenants and property owners to ensure legal compliance using knowledge of contractual agreements and County policies and procedures.**



## Verb Bank

Accounts	Approves	Composes	Destroys	Enters	Illustrates	Matches	Preserves	Replaces	Submits
Acquires	Arbitrates	Computes	Detects	Entertains	Implements	Measures	Prevents	Reports	Summarizes
Adapts	Arranges	Condenses	Determines	Escorts	Imports	Mediates	Procures	Represents	Supplies
Adjusts	Assembles	Confers	Develops	Estimates	Improves	Mends	Produces	Rescinds	Surveys
Administers	Assesses	Confirms	Devises	Evaluates	Indexes	Mixes	Programs	Rescues	Synthesizes
Adopts	Assigns	Consolidates	Diagnoses	Examines	Indicts	Modifies	Promotes	Researches	Systematizes
Advises	Audits	Constructs	Digs	Exchanges	Informs	Monitors	Proofreads	Resolves	Tabulates
Advocates	Authorizes	Consults	Directs	Exercises	Innovates	Motivates	Proposes	Retrieves	Teaches
Allocates	Awards	Controls	Disburses	Exhibits	Inspects	Moves	Pulls	Reviews	Tends
Allots	Balances	Converts	Disciplines	Experiments	Installs	Negotiates	Purchases	Revises	Testifies
Alters	Bargains	Conveys	Discovers	Explains	Instructs	Notifies	Pushes	Rewards	Tests
Amuses	Batches	Coordinates	Discusses	Extracts	Interprets	Nullifies	Quantifies	Salvages	Totals
Analyzes	Budgets	Copies	Dismantles	Fabricates	Interviews	Observes	Questions	Scans	Traces
Answers	Calculates	Corrects	Dispatches	Fastens	Inventories	Obtains	Ranks	Schedules	Trades
Applies	Calibrates	Correlates	Dispenses	Feeds	Invents	Opens	Rates	Scores	Trains
Appoints	Carries	Corresponds	Displays	Files	Investigates	Operates	Reaps	Screens	Transacts
Appraises	Categorizes	Counsels	Disseminates	Forecasts	Issues	Organizes	Rebuilds	Seals	Transcribes
	Certifies	Counts	Distributes	Formulates	Itemizes	Originates	Recommends	Searches	Transfers
	Checks	Creates	Drafts	Garners	Joins	Outlines	Reconciles	Selects	Translates
	Circulates	Debates	Drives	Gathers	Judges	Overhauls	Records	Sells	Transmits
	Classifies	Decides	Dumps	Gauges	Justifies	Oversees	Reduces	Sends	Treats
	Cleans	Defends	Duplicates	Generates	Leads	Packages	Refers	Serves	Turns
	Climbs	Defines	Edits	Governs	Lifts	Permits	Refines	Services	Tutors
	Coaches	Delegates	Elaborates	Grades	Loads	Persuades	Registers	Smells	Types
	Codes	Deliberates	Elects	Guards	Locates	Picks up	Regulates	Solicits	Updates
	Collaborates	Delivers	Eliminates	Guides	Lubricates	Plans	Reinforces	Solves	Ushers
	Collates	Demonstrates	Employs	Hauls	Manages	Posts	Rejects	Sorts	Washes
	Collects	Describes	Encourages	Hires	Manipulates	Predicts	Releases	Stacks	Waxes
	Compares	Designates	Endorses	Hypothesizes	Manufactures	Prescribes	Remits	Stores	Weighs
	Compiles	Designs	Enlists	Identifies	Maps	Presents	Repairs	Studies	Writes