



Telecommuting Forms

for

Administrative Procedure 7280

June 2014

Butte-Glenn Community College District

BUTTE COLLEGE TELECOMMUTING FORMS

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Telecommute Agreement

Name of Telecommuter: _____

Residence Address: _____

Residence Phone: () _____ Mobile Number _____
(If applicable)

Telecommute location, if different than residence: _____

The vice president, director/dean/manager, supervisor and the Telecommuter have read and understand the Butte College Telecommute Policy and Procedures. All parties understand that this Telecommute Agreement may be terminated by the area vice president or the Telecommuter as indicated in this policy and associated procedures. The supervisor and the Telecommuter have read, understand, completed, and signed the "Supervisor's Checklist," prior to participation in the Telecommute program and further agree to the following:

Telecommute Schedule:

It is understood that telecommute days must be scheduled in advance and approved by the supervisor. At certain times, it may be necessary for the Telecommute schedule to be revised to ensure critical deadlines are met or to attend meetings. Any change by the Telecommuter in the agreed upon schedule must be pre-approved, and when permanent, documented and appended to the Telecommute Agreement. Requests for vacation, or other leave credits must be approved in advance by the supervisor. Sick leave administration shall be in accordance with established procedures. Overtime to be worked must be approved in advance by the supervisor.

The following Telecommute schedule is being established:

____ Regular (an established schedule of days per week or month)

____ Temporary

____ Full-time (permissible only when necessary and justified and depends on the needs of the job and demonstration of a clear benefit to program objectives and operations.)

Date of first scheduled Telecommute day: _____

Date of last scheduled Telecommute day or no later than June 30th: _____

Telecommuter will be available for communication on Telecommute days during the hours of:

_____ a.m. /p.m. and _____ a.m. /p.m.

This Telecommute agreement, Board Policy (BP) 7280 – Telecommuting and Administrative Procedure (AP) 7280 – Telecommuting, the Telecommute Safety Checklist and the supervisor's checklist should be discussed, reviewed and renewed at least annually to ensure the standards for participation are being followed. A new Telecommute agreement needs to be signed as part of the annual review and renewal process. In addition, if there is any change in the terms of this Telecommute agreement, including but not limited to, an agreed-upon schedule change approved by the supervisor; a change in the equipment, services or software provided, or a change in the agreement regarding their use; or if the information regarding residence, residence telephone, telecommute location, or mobile number for the teleworker have changed, such change should be documented and appended to the telework agreement as soon as practicable.

Information Security:

The Telecommuter will provide necessary security for both electronic and paper information. The Telecommuter will consult with his/her supervisor when security matters are at issue.

Work Effectiveness and Safety:

The Telecommuter agrees to:

1. Abide by BP 7280 – Telecommuting and AP 7280 – Telecommuting.
2. Achieve proficiency in computer hardware and software skills necessary to perform the assigned Telecommute duties.
3. Learn and apply ergonomic safety practices.
4. Establish and maintain a safe home office environment.
5. Ensure customer needs take precedence over the home office schedule. Proactively stay in touch with customers.
6. Ensure the work takes precedence over family and home matters during home office hours.
7. Perform own work and not delegate work to others not employed by the district.
8. Make arrangements for dependent care, if applicable.
9. Produce electronic work products that are usable in the district’s computer systems with no additional work.
10. Supply evidence of insurance in the event that district equipment is provided.
11. Abide by the district procedures governing travel and maintain personal auto liability coverage as primary.

Reimbursement:

The Butte-Glenn Community College District will pay for the following expenses:

- Normal maintenance and repairs to district owned equipment (coordinate with IT Services).
- Authorized travel submitted on a Travel Expense Claim along with receipt, bill, or other verification of the expense.

The Butte-Glenn Community College District will **not** pay for the following expenses:

- Maintenance or repairs of privately owned equipment.
- Utility costs associated with the use of the computer or occupation of the home.
- Equipment supplies (these should be requisitioned through the employee’s department.)
- Travel expenses associated with commuting to the college.
- Installation and service of phone line, FAX line or additional data line.

In addition, the district will not transport equipment or install or set up a computer in employee’s telecommute location.

Printed Names:

Telecommuter: _____

Supervisor: _____

Director/Dean/Manager: _____

Vice President: _____

Telecommute Agreement Review Form

I have reviewed the Telecommute Agreement, including any appended documents, the Supervisor's Checklist, the Safety Checklist, the Telecommuting policy B P 7280, and the Telecommuting procedure AP 7280, and I understand and reaffirm my agreement with all the terms and conditions contained in those documents; and that, to the best of my knowledge, the information contained therein is true and correct.

Employee's/Telecommuter's

Signature: _____

Date: _____

APPROVED BY:

Supervisor's Signature: _____

Date: _____

Vice President's Signature: _____

Date: _____

Telecommute Supervisor's Checklist

Name of Employee: _____

Name of Supervisor: _____

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

Tasks	Date Completed
1. Employee and Supervisor have read and agree to abide by the provisions of the Butte College Telecommute Policy and Procedures.	_____
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 is familiar with the district's requirements and techniques for computer information security and confidentiality of data and information, and has received a copy and read the district's Computer Use Board Policy (BP) 3720 and Computer Use Administrative Procedure (AP) 3720.	_____
7. Phone contact procedures have been clearly defined and department secretaries and receptionists have received training.	_____
8. The employee has read and signed the Telecommute Agreement <u>prior</u> to actual participation in the program.	_____
9. Telecommuter has met with the Manager, 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 Physical Activity Required

- Repetitive actions are not continued for long periods without appropriate breaks.
- Breaks involve stretching and changing of posture, and possibly alternating activity.
- Posture is comfortable and in accordance with District guidelines.
- Any lifting, pushing, or carrying type task is well within the physical requirements as identified in the class specification.
- Carts or other mechanisms are used for moving heavy and awkward items.

The Work Environment

- 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.
- Worker has sufficient ventilation and thermal comfort, 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 ie: exit routes, direction of light source.
- Walkways are clear of clutter and trip hazards such as trailing electrical cords. The work area is segregated from other hazards in the home ie: hot cooking surfaces in the kitchen.

Emergency Exit

- Path to the exit is reasonably direct.
- Path to the exit is sufficiently wide and free of trip hazards and obstructions to allow unimpeded passage.

The Nature of the Hazard itself

- Security is sufficient to prevent unauthorized entry.
- When working in isolation at home, a "call-in" procedure has been established to periodically confirm with the Department that the home worker has not been injured.

Electrical

- Power outlets are not overloaded with double adapters and power boards.
- Earth leakage circuit protection is in place for work related equipment.
- Electrical equipment used for work is properly tagged and tested in accordance with District practice.

Other

- Telephone or other suitable devices are readily available to allow effective communication in emergency situations.
- Emergency contact numbers and details are known i.e., 911 for fire, ambulance or police, specific numbers for Butte College contacts.
- First Aid supplies are available
- Smoke detectors are installed in the work area and properly maintained to provide early warning of fire.
- A properly maintained fire extinguisher (UL approved) is on-hand and the home worker is trained how to use this equipment to extinguish minor fires.
- Work-related injuries incurred during agreed upon work hours are reported promptly to the supervisor, following District workers' compensation procedures.

Safety Equipment Checklist

- First-aid kit
- Fire extinguisher (UL approved)
- 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.).

Keyboard and Mouse

- 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

- 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

- Breaks are taken every 30mins of keyboarding and standing at least once per hour.
- 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.
- Hand is used to hold telephone receiver or headset is worn (no cradling).
- Long periods of continuous computer use are broken up by performing other tasks.

Home office safety re-certification will be required on an annual basis. Any questions in regards to these above best practices should be made to the Human Resource office.

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:
Signature: _____ Date: _____

BUTTE-GLENN COMMUNITY COLLEGE DISTRICT

3536 Butte Campus Drive, Oroville, CA 95965

EQUIPMENT USE AGREEMENT

For Home/Off-campus Use of District Property/Equipment

EMPLOYEE NAME: _____ JOB TITLE: _____

DEPARTMENT: _____

Property/Equipment:

Description	District Asset Tag Number(s)	Serial Number(s)

Condition of Property/Equipment: _____

Loan Dates: Start Date: _____ End Date: _____

Location (Home or Other Address):

Street Number/Name (Physical Address), City, State, Zip Code

Work Phone: _____ Home Phone: _____

Business Justification for Home/Off-Campus Use of Equipment: _____

Certification: I certify that the equipment will be used for District business and in accordance with established District policies. 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 Approval:

Dean/Director Approval:

Signature: _____

Signature: _____

Printed Name: _____

Printed Name: _____

Date: _____

Date: _____

Return of Equipment

Condition of Equipment: _____

Signature of Information Technology: _____ Date: _____

Printed Name: _____