

Classified and Classified Management Telecommuting Guidelines and Process

Dear Management Team,

We have continuously explored the topic of staff telecommuting at several of our recent **President's Cabinet** (PC) meetings. In the past, we have discussed the advantages and disadvantages of revising and re-introducing the process, and have considered different opinions and perspectives. There are many sides to this topic. During these conversations, the decision to continue a telecommuting option was made thoughtfully and was not taken lightly.

We have decided to continue this option as we believe with the current structure and associated management support in place that the District and a limited group of staff will derive benefit of this option. Attached, you will find clear guidelines and structure to this process.

Along with the Telecommuting Agreement and Telecommuting Guidelines, it may be helpful to consider the following:

1. Telecommuting is a privilege and not an entitlement. There are seven questions an employee requesting to telecommute must answer to your satisfaction (they are listed in the Telecommuting Guidelines). Your agreement should not be automatic.
2. Not all classifications lend themselves to working remotely; in fact, most of our classifications do not.
3. Conditions may change along the way. The telecommuting agreement you create may be revisited at any time you feel it is not an effective or sufficiently productive working arrangement. **For example, you may have another team member on vacation, a planned or unplanned leave of absence, or staffing change due to resignation or retirement. All of these factors create workload issues to others in your area of responsibility and could mean the end of the telecommuting agreement for the time being.**
4. Agreeing to a telecommuting arrangement is not a solution for a difficult unit member. Because telecommuting is a privilege, the unit member will be productive and efficient, will be available during **the District's** normal working hours, has demonstrated the ability to perform well with minimal supervision, and values the need for flexibility. The employee requesting to telecommute may have to alter their schedule on short notice from time to time to meet an unexpected on-campus need.
5. This option is only available to permanent staff who have completed their probationary period in their current classification. In addition, the unit member's

most recent evaluation must equal or exceed “meets expectations”/satisfactory performance.

6. This process is **not** intended for those occasional situations or occasional projects when the manager may agree to allow a staff member to work from home. This process is unrelated to requests for flexible work schedules. This process is to establish a formal agreement with a defined schedule, assuming the seven questions are answered to your satisfaction.

The decision to approve or deny a telecommuting agreement is made by the supervisor of the staff member making the request. Human Resources will review telecommuting agreement submissions for compliance and will retain a copy of the signed agreement. The agreement must be renewed annually. Any changes made during the year, must be submitted to Human Resources for compliance review.

TELECOMMUTING GUIDELINES

Note: The Telecommuting Guidelines and the Telecommuting Agreement refer to employee as this process will be applied to classified bargaining unit members and classified managers interested in Telecommuting.

Telecommuting agreements are at the sole discretion of the District and are voluntary agreements between the employee and the manager/supervisor. For a variety of reasons, the District shares an interest in supporting requests from employees interested in telecommuting. It is viable to consider requests to telecommute for some positions. Not all positions lend themselves to working remotely.

A. Rationale for telecommuting requests may include the following:

1. To reduce the impact on parking and traffic coming and going from campus.
2. To increase efficient utilization of office space and campus infrastructure resources.

To provide the opportunity for employees needing uninterrupted time to accomplish job-related tasks.

To address a medical condition requiring an accommodation identified through the Interactive Process.

The employee agrees to the following:

1. Telecommuting will not exceed three (3) days per week. Telecommuting on Mondays and Fridays is strongly discouraged.
2. Job responsibilities will be fulfilled off campus as they would be if the employee were working on campus.
3. Job performance will not be impaired as a result of remote status.
4. Working remotely won't adversely affect others in terms of workload, assignments or collaboration.
5. All who are telecommuting from a single work group cannot be working remotely on same day of the week.
6. Normal involvement with the college will be maintained (i.e., committee participation, meeting attendance).
7. Must be accessible by phone during regular scheduled work hours and be prompt and responsive to campus contact (will respond within 30 minutes).
8. The needs and requirements of the college take priority should a conflict in scheduling occur (adjustments in telecommuting schedule may be required occasionally).

Prior to completing a request to telecommute, the employee must respond to the following questions and discuss the request with the employee's supervisor. Once agreement is reached between the employee and the supervisor, the employee must complete the Telecommuting Agreement form and submit a signed copy of this form to Human Resources for compliance review.

Respond to these questions and discuss your request with your supervisor:

1. Describe your specific request to telecommute. Which criteria do you meet to be eligible for telecommuting (see above)? What telecommuting schedule are you requesting for consideration? If you are requesting to telecommute on a Monday or Friday, please provide justification.
2. How will you perform the essential functions of your position while working remotely?
3. What steps need to be taken to ensure your co-workers won't be adversely affected by working remotely during a portion of the week?
4. Are there other members of your work group currently telecommuting whose schedules need to be considered as part of your request?
5. How will your ongoing campus involvement be maintained (i.e. committee participation, meeting attendance)?
6. Are there any equipment requirements that need to be addressed in order for you to work remotely?
7. Is there any additional information which is important for your supervisor or Human Resources to know about your request to telecommute?

Classified and Classified Management Telecommuting Agreement

Telecommuting agreements are approved at the sole discretion of the District and are voluntary agreements between the employee and the manager/supervisor. I _____ (employee name) request to telecommute. This agreement begins on _____ and may continue until _____ (not to exceed 12 months), at which time the agreement must be reviewed for renewal. Continuing to telecommute is contingent upon sustaining acceptable performance standards as determined by the supervisor. The supervisor will perform a periodic review of the employee's performance and productivity. Either party may discontinue the agreement at any time within (10) days written notice and without adverse repercussions.

- Telecommuting day(s) will be (please circle): M T W TH F Sa Su
(not to exceed 3 days per week).
- On campus days will be (please circle): M T W TH F Sa Su
- When telecommuting, the employee agrees to work and must be available during the assigned hours of _____.

Schedule changes initiated by an employee must be approved in advance by the supervisor. The duties, obligations, responsibilities and conditions of the telecommuters' employment with the District remain unchanged. The telecommuting unit member salary, retirement, vacation and sick leave benefits, and insurance coverage shall remain the same.

1. Agreement to allow the employee to telecommute shall not cause the District to incur any related costs.
2. Work hours, overtime compensation, use of sick leave, and approval for use of vacation and compensatory time will conform to District policies and procedures, departmental guidelines, and/or to the appropriate collective bargaining agreement, and to the terms otherwise agreed upon by the employee and the supervisor.
3. Overtime to be worked must be approved in advance by the supervisor.
4. It is not allowable for employees to care for dependents while telecommuting.
5. If applicable, the employee must make appropriate dependent care arrangements during telecommuting periods.
6. The employee agrees to maintain a safe and ergonomically sound work environment, to report work-related injuries to the supervisor and Risk Management at the earliest opportunity, and to hold the District harmless for injury to others at the telecommuting location.
7. The employee agrees to allow an authorized District representative to inspect the home office as needed.
8. The employee agrees to provide a secure location for District equipment and materials, and will not use, or allow others to use, such equipment for purposes other than District business. All equipment, records, and materials provided by District shall remain District property. The employee agrees to allow the District reasonable access to its equipment and materials.
9. The employee agrees not to use their personal vehicle for District business unless

specifically authorized by the supervisor.

10. The employee agrees to return District equipment, records, and materials within five (5) days of termination of this agreement. All District equipment will be returned to the campus by the employee for inspection, repair, replacement, or repossession within five (5) days written notice.
11. The unit member will implement best practices for effective information technology security in the home office setting, and will check with their supervisor when security matters are an issue.

Management retains the right to modify this Agreement on a temporary basis as a result of business necessity (for example, the unit member may be required to come to campus on a day usually scheduled as a telecommuting day), or as a result of a unit member request approved by the supervisor. The unit member understands they are responsible for tax and insurance consequences, if any, of this telecommuting arrangement, and for conforming to any local zoning regulations. This Agreement will be reviewed annually.

I have read this Telecommuting Agreement and agree to its terms.

Unit Member Name	Unit Member Signature	Date
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Supervisor Name	Supervisor Signature	Date
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Dean/Director Name	Dean/Director Signature	Date
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Area VP Name	Area VP Signature	Date
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VPHR Name	VPHR Signature	Date
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CC: Human Resources

Revised: July 2014, September 2018, April 2019

HEALTH & SAFETY CHECKLIST

Your health and safety while working remotely are very important to us at SBCC. The following checklist is provided so that you can make sure you can minimize any risks associated with remote working. Take some time to check each item, and review regularly.

I. Electrical

Yes No

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|---|--------------------------|--------------------------|
| A. All electrical outlets in the work area are permanent in nature and properly grounded. | <input type="checkbox"/> | <input type="checkbox"/> |
| B. There are an adequate number of electrical outlets to support equipment in the work area. | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Electrical cords are not frayed or otherwise damaged. | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Extension cords are not being used as a permanent source of electricity. | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Electrical equipment and tools are properly maintained. | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Computers, peripheral equipment, and fax machines are connected to surge protectors to guard against damage from power surges. | <input type="checkbox"/> | <input type="checkbox"/> |

II. Fire Protection

Yes No

A. Smoke Detector

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|---|--------------------------|--------------------------|
| 1. There is a smoke detector placed in a location near the work area and any equipment used to support teleworking. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Underwriter's Laboratory (UL) and/or the State Fire Marshall approve the smoke detector, and it has a function test mechanism. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Smoke detector(s) have been tested at the time of installation and will continue to be tested on a monthly basis. | <input type="checkbox"/> | <input type="checkbox"/> |

B. Fire Extinguisher

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|---|--------------------------|--------------------------|
| 1. A 2A10BC fire extinguisher is present. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. The fire extinguisher is fully charged. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. The fire extinguisher is within 10 feet of the electronic teleworking equipment and easily accessible to the teleworker. | <input type="checkbox"/> | <input type="checkbox"/> |

III. Emergency Procedures

Yes No

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| A. There is an evacuation plan. | <input type="checkbox"/> | <input type="checkbox"/> |
| B. There is more than one way out of the work area (e.g., doors/ windows). | <input type="checkbox"/> | <input type="checkbox"/> |
| C. A first aid kit is on site. | <input type="checkbox"/> | <input type="checkbox"/> |

IV. Environment

Yes No

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|--|--------------------------|--------------------------|
| A. The work area is free of tripping hazards and is uncluttered. | <input type="checkbox"/> | <input type="checkbox"/> |
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- B. All equipment is adequately supported and free from the danger of falling.
- C. The work area has adequate lighting.
- D. Potentially hazardous chemicals are not stored in, or around, the work area

V. Ideal Work Station Arrangement

(Check here if you will NOT be using computer equipment and skip to Section VI.)

A. Positioning When Seated	Yes	No
1. Are your forearms and wrists parallel to the floor and upper arms resting at your sides when positioned at the keyboard or work surface?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are your thighs parallel to the floor?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are your feet supported?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is there at least 2 inches of clearance between your thighs and the working surface?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is there space, approximately the size of a fist, between the edge of the seatpan and the back of your knees?	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the top of the monitor at a comfortable height (<i>i.e. no tilting of the head back or downward</i>)?	<input type="checkbox"/>	<input type="checkbox"/>
7. Is the monitor screen at a comfortable distance from your eyes when in use (<i>i.e. you don't have to lean forward or backward to see the text on the screen</i>)?	<input type="checkbox"/>	<input type="checkbox"/>
8. Does your head and neck rest in a neutral position (<i>i.e. facing forward, chin slightly down, shoulders relaxed</i>)?	<input type="checkbox"/>	<input type="checkbox"/>
B. Chair Adjustment	Yes	No
1. Is the height of the chair adjusted to allow you to sit in a neutral position (<i>see your safety officer for a definition of this position</i>)?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the backrest of your chair supporting the curve of your lower back so that your spine is slightly arched?	<input type="checkbox"/>	<input type="checkbox"/>
C. Foot Support	Yes	No
1. Are your feet comfortably on the floor or a footrest?	<input type="checkbox"/>	<input type="checkbox"/>
2. If a footrest is used, does it allow you to sit in a correct neutral position at your work station? (<i>skip to D if a footrest is not used</i>)	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the footrest non-restrictive to allow for leg movement and easily removable?	<input type="checkbox"/>	<input type="checkbox"/>
D. Video Display Terminal (VDT) Screen/ Monitor	Yes	No
1. Is your monitor placed to avoid glare caused by light sources?	<input type="checkbox"/>	<input type="checkbox"/>

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|---|--------------------------|--------------------------|
| 2. Is your screen angle and/or brightness and contrast controls adjusted to reduce glare? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is your screen clean and free from dust and smudges? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is your screen adjusted for good image contrast and brightness? | <input type="checkbox"/> | <input type="checkbox"/> |

V. Work Station Arrangement (Continued)

- | E. Ideal Workspace Arrangement | Yes | No |
|--|--------------------------|--------------------------|
| 1. Are materials and equipment accessed and/or used frequently typically positioned/placed within 16" of reach (comfort zone)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are materials and equipment accessed and/or used less frequently typically positioned/placed within 16" to 24" of reach (secondary zone)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are frequently used materials/equipment positioned so harmful postures and motions are eliminated? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are documents placed in the same visual plane as the screen face to reduce back and forth neck motions? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is the telephone placed within proper reach on side opposite from the writing hand (i.e., on the left side if right handed)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are most of your reaching motions below shoulder height and/or above knee height? | <input type="checkbox"/> | <input type="checkbox"/> |