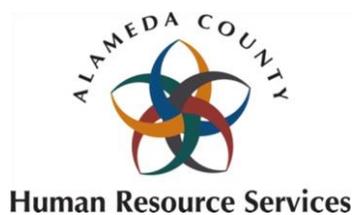




County of Alameda

Telework Guidelines



07/01/20

Telework Guidelines

I. Purpose

Developed in accordance with the County's [2014 Alternative Work Arrangement Guidelines](#), Alameda County's Telework Guidelines offers eligible employees the option to telework on a regular and recurring or occasional basis. It is designed for employees who meet specific work standards and implemented to improve productivity and morale, reduce sick leave use and absenteeism, provide continuity of service during emergencies, improve recruitment and retention, and reduce traffic and air pollution.

These Telework Guidelines do not supersede or amend any existing telework, telecommute, mobile work policy or procedure outlined in any County Memorandum of Understanding ("MOU"). If a County MOU includes a telework, telecommute, mobile work policy or procedure, the MOU provision applies to employees covered by that MOU.

II. Definitions

1. **Teleworking:** a work flexibility arrangement under which an employee performs the duties and responsibilities of such employee's position, and other authorized activities, from an approved local worksite other than the County location from which the employee would otherwise work.

There are two (2) types: 1) "Continuous" or routine telework in which telework occurs as part of an ongoing, regular schedule, and 2) "Temporary" or "Occasional" are situational telework which occurs occasionally or intermittently.

III. Eligibility Criteria

To be considered for telework, employees must meet the following criteria:

1. Perform work that is independent in nature with the ability to be completed offsite (e.g., writing, reading work reports, using online County systems to complete work, data organization, telephoning, data entry) with no impact to productivity, service delivery and availability to the public and other County departments, functions, or staff;
2. Consistently productive and able to meet deadlines, reliable, highly motivated, proficient in their jobs, and able to work with minimal direct supervision; and
3. Departments should consider the employee's performance and attendance history, completion of their probationary period, whether they are participating in a training program or whether they require close supervision. Departments should also consider any employee suspensions, written reprimands or below satisfactory performance ratings within the preceding 12 months.

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IV. Participation Requirements

All participants must agree to and acknowledge the following:

1. Participation is voluntary and a privilege, not an entitlement nor right and is not subject to the applicable grievance procedure. Agency/Department Head or their designee's decision to deny participation is final. Participation will be terminated if the employee no longer meets eligibility criteria or participation requirements. Additionally, management may modify, suspend, or terminate telework privilege for any reason at any time, after providing verbal/written notice to the employee. Upon termination of telework agreement and/or upon management request to terminate telework, the employee shall immediately return all County property issued to the employee.
2. Participation does not change the duties, responsibilities, obligations, work hours, wages, benefits, or other terms and conditions of employment. Teleworking employee must continue to adhere to County policies, procedures, practices, the Administrative Code, any applicable Memorandum of Understanding ("MOU") provisions, and/or Fair Labor Standards Act ("FLSA").
3. Participants must remain available for contact and work during their work hours and accurately report hours worked and account for use of any and all accrued leaves.
4. Any request to use sick leave, vacation or other leave while teleworking is subject to the same approval process that applies to employees who do not telework. If the participant becomes ill while working at home and is unable to work, the participant must immediately report this to their immediate supervisor and report the hours worked and use of sick leave for those hours not worked on their timesheet.
5. Participant must maintain constant communication with and accept work assignments from direct supervisor(s).
6. Employees who telework are expected to remain available should their presence be required at their County work location or other designated location.
7. Participants agree to not conduct any in-person meetings at the telework location.
8. Participants who suffer a work-related (on-the-job) injury or illness arising out of and occurring in the course of employment are covered by the County's Workers' Compensation program. Employees who suffer a work-related injury or illness while teleworking must notify their supervisor immediately.
9. Participants agree to comply with all health and safety, and security requirements as listed on the Telework Checklist.
10. Participants are responsible for maintaining and protecting the safety, security, and proper usage of County equipment, supplies, and information while teleworking.

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11. Participation in teleworking will remain cost neutral, and will not result in the backfilling of positions, any increase in overtime or other pay above the employee's regular salary.
12. The employee's Agency/Department has the sole discretion to provide the County equipment, software, or supplies, or allow the employee to use their own personal equipment. Employee may be permitted to use personal equipment at the employee's expense and subject to appropriate County security and hardware and software requirements. Repair and/or replacement costs associated with the normal use and wear of Agency/Department-issued equipment, software, or supplies will be the responsibility of the Agency/Department. The County is not responsible for, nor will it reimburse, any costs (i.e. setup, maintenance, repair, etc.) associated with personal equipment or items used, or with the telework location (i.e. furnishing, utility - electricity/water/internet, etc.).
13. The California Public Records Act applies to all County employees, including teleworking employees. Public records include any writing containing information relating to the conduct of the public's business prepared, owned, used, or retained by the County regardless of physical form or characteristic. Public information means the contents of a public record. Upon receipt of an appropriate request, and subject to authorized exemptions, a teleworking employee must permit inspection and examination of any public record or public information in the employee's custody, or any segregable portion of a public record, within required time limits.

V. Procedures - Employees

Take the following steps:

1. Prior to proceeding, read this document in its entirety and agree to all terms and requirements listed above.
2. Communicate your interest and discuss Eligibility Criteria and feasibility of request with immediate supervisor.

Note: approval is not guaranteed and subject to Agency/Department Head or their designee approval.

3. If you have an accommodation under the Americans with Disabilities Act/Federal Employee and Housing Act ("ADA/FEHA"), check in with your disability coordinator or Human Resources Officer with any questions about reasonable accommodations while teleworking.
4. Take the County-offered training(s) and obtain Certificate of Completion(s).
<http://trainingcenter.acgov.org/learners/>
 - All employees: Contributing as a Virtual Team Member (18 mins)
 - Managers/Supervisors: Establishing Effective Virtual Teams (30 mins)
 - Managers/Supervisors: Facing Virtual Team Challenges (27 mins)

Telework Guidelines

5. Other available training resources referenced by the County's Sustainability Office include <https://www.telework.gov/training-resources/telework-training/>.
6. Evaluate and complete the remaining Telework Checklist items.
7. Submit the Telework Checklist to immediate supervisor for initial review and discussion.
8. Complete the Telework Application Form.
9. Submit the required completed documents (Telework Checklist, Certificate of Completion(s), and Telework Application Form) to your designated Agency/Department contact:
Name: _____
Email: _____
10. Obtain a copy of the returned document(s); if approved, discuss with your immediate supervisor regarding telework start date, work assignments, communication methods, necessary equipment, supplies, and materials.
11. Prepare for teleworking. For example: updating voicemail, sign-in board, notify backup or team, ensure necessary files and documents are accessible, etc.

VI. Management Considerations and Procedures

Read this document in its entirety.

1. Determine if requesting employee meets eligibility criteria for telework consideration:
 - Does the employee perform work that is independent in nature (consider amount of face-to-face interactions required, assistance needed)? If the employee provides supervision to staff, consider their ability to effectively support their staff.
 - Can the work be performed offsite (consider in-office files or system access/technology required)?
 - Does the employee have a satisfactory performance and attendance history, passed probationary period, and not in training nor requires close supervision? Does the employee consistently meet deadlines and have required expertise in performing required duties?
2. Determine if employee participation is operationally feasible and if employee meets participation requirements; communicate expectations and discuss process for assignment of work:
 - Will work, operation, other employees, department, or the public be negatively impacted?
 - Can the department supply the necessary equipment, software and materials?
 - Do you anticipate any increased costs associated with this request?
 - Will the request hinder management ability to supervise and assign work to the employee?

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3. Review completed Telework Checklist and discuss/address any issues noted:
 - Is the form completed properly and thoroughly?
 - Do you have any concerns with the responses provided?
 - Did the employee take the required training(s)?

4. Review completed Telework Application and discuss/address any issues noted:
 - Is the form completed in its entirety?
 - Will operation be impacted by the requested telework schedule or timeframe?
 - Can a modified telework schedule or timeframe be accommodated?

5. If the decision is to modify or deny request, provide comment supporting the decision.

6. If the decision is to approve request, ensure employee has the necessary County resources, agree on a work plan (sample provided below) to ensure expectations are being met. Re-evaluate as necessary:
 - Is employee responsive and easily accessible?
 - Has employee work performance or other employees been negatively impacted?

Employee Information:	
Name (Last, First):	Employee ID:

Telework Plan for the period of:			
Assigned Task	Deadline	Status	Comment/Action Taken
1.			
2.			
3.			
4.			
5.			

Reviewed & Approved by:	_____	_____	_____
	Supervisor Name	Supervisor Signature	Date



TELEWORK CHECKLIST

In accordance with the County of Alameda Telework Guidelines, employees may request for consideration to telework by submitting this completed form to their immediate supervisor.

Employee Information:	
Name (Last, First):	Employee ID:

Required County-offered Training(s):									
Indicate relevant training(s) completed; <u>attach</u> certificate of completion. http://trainingcenter.acgov.org/learners/									
<table style="width: 100%; border: none;"> <tr> <td style="width: 60%;"><input type="checkbox"/> All Employees: Contributing as a Virtual Team Member (18 mins):</td> <td style="width: 20%;"><input type="checkbox"/> Completed</td> <td style="width: 20%;"></td> </tr> <tr> <td><input type="checkbox"/> Managers/Supervisors Only: Establishing Effective Virtual Teams (30 mins):</td> <td><input type="checkbox"/> Completed</td> <td><input type="checkbox"/> Not Required</td> </tr> <tr> <td><input type="checkbox"/> Managers/Supervisors Only: Facing Virtual Team Challenges (27 mins):</td> <td><input type="checkbox"/> Completed</td> <td><input type="checkbox"/> Not Required</td> </tr> </table>	<input type="checkbox"/> All Employees: Contributing as a Virtual Team Member (18 mins):	<input type="checkbox"/> Completed		<input type="checkbox"/> Managers/Supervisors Only: Establishing Effective Virtual Teams (30 mins):	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Required	<input type="checkbox"/> Managers/Supervisors Only: Facing Virtual Team Challenges (27 mins):	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Required
<input type="checkbox"/> All Employees: Contributing as a Virtual Team Member (18 mins):	<input type="checkbox"/> Completed								
<input type="checkbox"/> Managers/Supervisors Only: Establishing Effective Virtual Teams (30 mins):	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Required							
<input type="checkbox"/> Managers/Supervisors Only: Facing Virtual Team Challenges (27 mins):	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Required							

Telework Location Requirements:	Yes	No	N/A
Location is safe, free from hazard and equipped with working smoke and carbon monoxide detectors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workspace is away from noise, distractions, and devoted to work needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workspace accommodates workstation, equipment, and other material required to perform work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer and other equipment are/will be protected, with power source connected to a surge protector and grounded outlet(s) and kept away from direct sunlight and other heat sources.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Floors are clear and free from hazards (i.e. trash, clutter, flammable liquids, wires, cords, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verified file drawers are not top-heavy and do not open into walkways.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temperature, ventilation, and lighting are adequate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health and Safety Requirements:	Yes	No	N/A
Office furniture and equipment are operational and in good condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office furniture and equipment are ergonomically correct (see attached example):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> • Desk: 26"-29" high. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> • Chair: Sturdy and adjustable (90° at knees, feet flat on floor, 15° back tilt) with supportive backrest and casters (wheels) appropriate for floor surface. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> • Monitor: 20-24" from eyes, and top of screen slightly below eye level. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> • Keyboard: In line with wrist and forearm position. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First aid supplies are readily accessible and adequate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A portable fire extinguisher with ABC rating (ordinary combustibles, flammable liquids, electrical equipment) is readily accessible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An earthquake or disaster preparedness kit is readily accessible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Security Requirements:	Yes	No	N/A
Files, materials and equipment are/will be kept securely, protected from damage and misuse.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Files and documents containing sensitive information are/will be returned to a County work location for proper disposal and not thrown into the household trash.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer equipment belonging to teleworker that contain County information are/will be protected by anti-virus software, passwords or other access control methods.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Employee Acknowledgment		
<ul style="list-style-type: none"> • I read, understand, and completed the Telework Checklist after careful inspection of the telework location, equipment, and supplies, and agree to maintain compliance with the above listed requirements if I am approved to telework 		
<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border-top: 1px solid black; text-align: center;">Employee's Signature</td> <td style="width: 40%; border-top: 1px solid black; text-align: center;">Date</td> </tr> </table>	Employee's Signature	Date
Employee's Signature	Date	



TELEWORK APPLICATION FORM

In accordance with the County of Alameda Telework Guidelines, employees may request for consideration to telework by submitting this completed form to their immediate supervisor.

Employee Information:	
Name (Last, First):	Employee ID:
Title/Classification:	Work Phone No.:
Department/Division/Work Unit:	Work Schedule:
Method of communication while teleworking:	<input type="checkbox"/> Phone: <input type="checkbox"/> Email:
Telework Location:	

Telework Request: <input type="checkbox"/> New Request <input type="checkbox"/> Modify Request <input type="checkbox"/> Suspend/Terminate Request	
Request Type: <input type="checkbox"/> Continuous <input type="checkbox"/> Temporary <input type="checkbox"/> Occasional – Specify frequency: _____ days per	
Effective Start Date: _____	Effective End Date: _____
Please check all days and enter the time(s) that you are requesting to telework:	
Work <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	
Week 1 - - - - - - -	
Work <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	
Week 2 - - - - - - -	
List required equipment, systems and supplies and indicate ownership:	
<input type="checkbox"/> Computer	<input type="checkbox"/> County-owned <input type="checkbox"/> Personal <input type="checkbox"/> Requesting Purchase
<input type="checkbox"/> Other Equipment (specify): _____	<input type="checkbox"/> County-owned <input type="checkbox"/> Personal <input type="checkbox"/> Requesting Purchase
<input type="checkbox"/> System/Application (specify): _____	<input type="checkbox"/> County-owned <input type="checkbox"/> Personal <input type="checkbox"/> Requesting Purchase
<input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> County-owned <input type="checkbox"/> Personal <input type="checkbox"/> Requesting Purchase
<input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> County-owned <input type="checkbox"/> Personal <input type="checkbox"/> Requesting Purchase

Employee Acknowledgment:
I read, understand, and agree to adhere to the participation requirements outlined in the Telework Guidelines. I understand that my failure to comply with the Telework Guidelines may result in suspension or termination of my participation in telework.
<div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 60%; border-top: 1px solid black; padding-top: 5px;">Employee Signature</div> <div style="width: 30%; border-top: 1px solid black; padding-top: 5px;">Date</div> </div>

Department Response – All signatures are required for approval. Agency/Department Head decision is final.
<p>Immediate Supervisor: By signing below, I hereby certify that I have reviewed the Telework Guidelines and Telework Checklist requirements with the employee and determined operational feasibility and employee eligibility for the request. I recommend to:</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> <input type="checkbox"/> Approve as requested. <input type="checkbox"/> Approve with modifications: <input type="checkbox"/> Deny due to: </div> <div style="width: 35%;"> Comments: </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 30%; border-top: 1px solid black; padding-top: 5px;">Print Name</div> <div style="width: 35%; border-top: 1px solid black; padding-top: 5px;">Supervisor Signature</div> <div style="width: 30%; border-top: 1px solid black; padding-top: 5px;">Date</div> </div>

Continued

Name (Last, First):	Employee ID:
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Human Resources: By signing below, I hereby certify that I have reviewed the Telework Guidelines and other requirements and determined employee eligibility for the request. I recommend to:

- | | |
|---|-----------|
| <input type="checkbox"/> Approve as requested.
<input type="checkbox"/> Approve with modifications:
<input type="checkbox"/> Deny due to: | Comments: |
|---|-----------|

Print Name	Supervisor Signature	Date
------------	----------------------	------

Agency/Department Director: By signing below, I determine the following:

- | | |
|---|-----------|
| <input type="checkbox"/> Approve as requested.
<input type="checkbox"/> Approve with modifications:
<input type="checkbox"/> Deny due to: | Comments: |
|---|-----------|

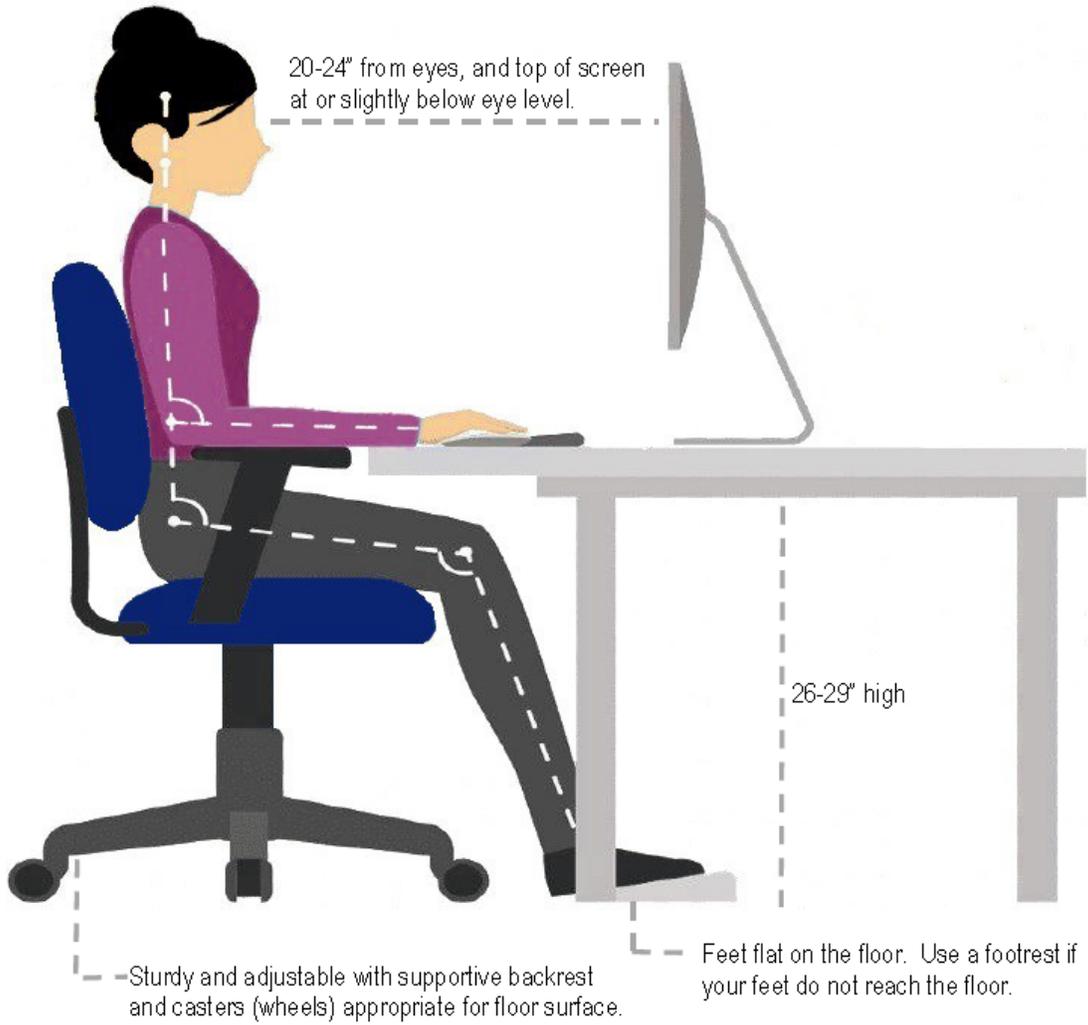
Print Name	Supervisor Signature	Date
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Date Received:	By:	Approved Start Date:
Date Returned:	By:	Eff End/Re-evaluation Date:
Required Forms Attached:	<input type="checkbox"/> Certificate of Completion for Required County-offered Training(s) <input type="checkbox"/> Telework Checklist	



CORRECT

SITTING POSTURE



REMEMBER

**Take frequent breaks. Stretch often.
Maintain good posture. Avoid over-reaching.**