



**COUNTY OF RIVERSIDE
TELECOMMUTING WORK PROGRAM AGREEMENT**

This Telecommuting Work Program Agreement (Agreement) is between the Department _____ and employee _____, (Employee ID Number _____).

This Agreement shall be effective on _____ and end or be re-evaluated on _____, unless the Agreement is otherwise terminated/revoked. As noted in the Telecommuting Program Guide, the Agreement shall be reviewed or renewed at least annually, and whenever there is a major job change, or the telecommuter or Supervisor/Manager change positions. Departments may also elect to require that the Agreement be reviewed more frequently as needed. The Agreement will be reviewed in accordance with the parameters specified within Riverside County Board of Supervisors Policy K-3, Telecommuting Program.

The Telecommuter will telecommute from the following alternative worksite (address):

In the event of change(s) to the telecommuting conditions, such as an address or other material change, the Telecommuter agrees to notify his/her Supervisor/Manager immediately.

Telecommuting Schedule

During the term of this Agreement, the Telecommuter will perform County work remotely on the following approved schedule:

APPROVED TELECOMMUTING SCHEDULE							
Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Indicate a ✓ on telecommuting day(s)							
Indicate scheduled hours, including lunch break while telecommuting							

Additional comments about telecommuting schedule, if applicable (telecommuting frequency, hours of availability, scheduled meal periods and/or breaks, etc.).

Telecommuting Expectations

- The Telecommuter agrees to be available by telephone and other messaging/collaboration mediums during the telecommuting hours indicated above, except during lunch or break periods. The Telecommuter shall be expected to self-certify that they performed County work during their scheduled telecommuting hours, which may be subject to additional review by the Department.
- The Telecommuter agrees that any modifications to telecommuting days that deviate from the Approved Telecommuting Schedule above must be pre-approved in advance. Overtime while telecommuting is not authorized unless approved in advance by the Supervisor/Manager.
- The Telecommuter agrees that use of sick leave, vacation, holiday, or other leaves on a scheduled telecommuting day must be approved in advance in accordance with applicable Departmental policies and procedures.
- The Telecommuter agrees to comply with all existing job requirements for his/her position.
- The Telecommuter shall maintain satisfactory performance and quality standards as required by the Department while telecommuting.
- The Telecommuter self-certifies through the Telecommuting Safety Checklist (Attachment 2 in the Program Guide) that they are able to perform their job duties safely in their telecommuting workspace.
- The Telecommuter agrees to comply with all County and Department policies and procedures while telecommuting including, but not limited to:
 - [Board Policy A-50, Electronic Media and Use Policy](#), which address permissible uses of County electronic media systems, prohibited uses, and access and disclosure. The Telecommuter shall have no expectation of privacy when using these systems. Further, the Telecommuter agrees that any equipment provided by the County is for the sole use of business-related functions only and not for personal use.
 - [Board Policy C-10, Alcohol and Drug Abuse Policy](#).
 - [Board Policy C-25, Non-Discrimination and Anti-Harassment Policy and Complaint Procedure](#).
 - [Board Policy C-27, Workplace Violence, Threats and Securities](#).
 - [Board Policy C-35 – Standards of Ethical Conduct to Address Fraud, Waste and Abuse](#).
- The Telecommuter agrees that the Department's need for them to report to the regular worksite based on operational demands will take precedence over scheduled telecommuting days, and that s/he must forgo telecommuting if needed at the worksite on a regularly scheduled telecommute day. When possible, advanced notice will be provided in instances where telecommuting must be foregone due to operational demands.
- The Telecommuter agrees to report any occupational injury or illness to his/her Supervisor/Manager immediately and complete all necessary and/or County requested documents regarding the incident.
- The Telecommuter agrees that s/he is solely liable for injuries to third persons and/or members of their family that occur on the Telecommuter's premises and accordingly indemnifies and holds the County harmless against any such related injuries, or losses.
- The Telecommuter agrees to adhere to the confidentiality policies of the Department and to protect County assets, information, and information systems at their home workspace.
- The Telecommuter agrees to protect and maintain any County-issued equipment/resources; to operate them safely; and to return the equipment/resources to the Supervisor/Manager

within 24 hours in the event that the Agreement is terminated/revoked. Additionally, any instances where County-issued equipment is lost, damaged, or stolen shall be reported to the Department immediately.

- The Telecommuter agrees that s/he is solely responsible for the operation, maintenance, and insurance required for his or her own personal equipment/resources. The County does not assume liability for loss, damage or wear of employee owned equipment/resources. The County is not responsible for any utility costs associated with the use of electronic equipment or occupation of the home.

**TELECOMMUTING WORK PROGRAM AGREEMENT
AUTHORIZATIONS**

I understand that telecommuting is a voluntary arrangement between the Supervisor/Manager, the Department, and the employee, and is not an entitlement or employee benefit. I understand that telecommuting may be terminated/revoked for any reason, at any time, by any party, with or without cause. I certify that I have read the County of Riverside Board Policy K-3, Telecommuting Program and the Telecommuting Program Guide, that I understand their contents, and that I will abide by their terms.

All of the below listed documents have been completed and will be retained by the Department and employee.

- Telecommuting Application
- Telecommuting Safety Checklist
- Telecommuting Work Program Agreement
- Telecommuting Training completed by employee on _____.
- Telecommuting Training for managing remote employees completed by Supervisor/Manager on _____.

By signing below, you are indicating that the above listed documents have been fully reviewed, executed and will be retained. All parties agree to abide by the terms.

Employee Signature	Date
Supervisor/Manager Signature	Date
Department Head (or Designee) Signature	Date