

## **Telecommuting - AR**

### **Requesting Permission to Telecommute**

An employee who wishes to request a telecommuting arrangement shall submit a written request for approval to his/her supervisor. The form shall be approved by the appropriate department head before employee may telecommute.

**Note:** Employees requesting telecommuting as an ADA accommodation shall make such request to their supervisor and the ADA coordinator.

### **Employee Rights and Responsibilities**

Except as specified in this policy or agreed to in the individual telecommuting agreement signed by the employee, employee rights and responsibilities are not affected by participating in telecommuting. An employee's compensation, benefits, and expected total number of hours worked will not change regardless of work location.

No benefits provided by District are enhanced or abridged by the implementation of a telecommuting agreement. All forms of telecommuting imply an employee-District relationship. The employee is expected to adhere to all of the same policies, regulations, and performance expectations established for all employees of District.

Telecommuting employees must keep their supervisor informed of progress on assignments worked on at the alternative worksite, including any problems they may experience while telecommuting. The employee must generate a synopsis of activities and accomplishments for the workday in a prescribed format. Methods of planning and monitoring the work shall be at the discretion of the supervisor, department head, and/or District.

Office needs will take precedence over telecommute days. An employee must forgo telecommuting if needed in the office on the regularly scheduled telecommute day.

The employee is responsible for providing an appropriate workspace, including all necessary equipment to perform their normal job functions unless otherwise stated in the written agreement. Equipment supplied by District is to be used for business purposes only. Any additional financial burden resulting from the telecommuting arrangement is solely the responsibility of the employee unless the arrangement is identified as an ADA reasonable accommodation, in which case the situation will be addressed individually.

Telecommuting is not intended to serve as a substitute for child or adult care. If children or adults, in need of primary care, are in the alternate work location during employees' work hours, some other individual must be present to provide care.

### **District Rights and Responsibilities**

Participation in a telecommuting agreement is at the sole discretion of the District, unless utilized as a reasonable accommodation under ADA. Except as specified in this policy or agreed to in the individual telecommuting agreement, District rights are not affected by an employee's participation in telecommuting.

The District will determine the methods of planning, monitoring, receiving, and reporting the employee's activity and accomplishment. District must manage the work of employees in their

area of responsibility and assure that employees receive the assistance they need to accomplish their responsibilities.

The employees will be given as much advance notice as possible if they will be needed in the office on the regularly scheduled telecommute day.

Each telecommuting agreement will be discussed and renewed at least annually, or whenever there is a major job change. Because telecommuting is selected as a feasible work option based on a combination of job characteristics, employee performance, and District needs, a change in any one of these elements may require a review of the telecommuting agreement.

District may, upon request, inspect the employee's alternate workspace for safety and workers' compensation concerns.

### **Termination of Telecommuting Agreement**

District and/or employee may terminate the telecommuting agreement for any reason, at any time. Whenever feasible, written notice will be provided, but this is not a requirement.

The opportunity to participate in a telecommuting agreement is offered only with the understanding that it is the responsibility of the employee to ensure a proper work environment is maintained; dependent care arrangements must not interfere with work; and personal disruptions such as non-business telephone calls and visitors must be kept to a minimum. Employees must notify their supervisor of any changes to their standard workweek (i.e. sickness, health care provider visits, vacation). Failure to maintain a proper work environment, as determined by District, provides cause for discipline and the termination of the employee's telecommuting agreement.

Approval for any telecommuting request is based upon District and department requirements as determined by District. Employees previously participating in a telecommuting agreement are not assured a telecommuting agreement in the future.

**Note:** If telecommuting is considered a reasonable accommodation, District and employee will also follow District's ADA policy and process, to include proper use of appropriate forms and procedures.

Related Form – Telecommuting Request Form

<b>Telecommuting Request Form</b>							
<b>From:</b>							
<b>To:</b>				<b>Date:</b>			
<b>Requested Work Schedule:</b>	<b>Mon</b>	<b>Tue</b>	<b>Wed</b>	<b>Thurs</b>	<b>Fri</b>	<b>Sat</b>	<b>Sun</b>
<b>Telecommuting Hours:</b>							
<b>Office Hours:</b>							
<b>Identify home workspace:</b>							
<b>What equipment is required to successfully complete your work?</b>							
<b>List of Items:</b>					<b>Employee Provided</b>	<b>Employer Provided</b>	
_____					_____	_____	
_____					_____	_____	
_____					_____	_____	
_____					_____	_____	
_____					_____	_____	
<b>Describe the responsibilities and tasks that you will be able to accomplish from your telecommuting location.</b>							
<b>Describe how telecommuting will benefit the organization.</b>							
<b>I have read and understand my responsibilities as a telecommuter and agree to comply with all the provisions of the <i>Employers Telecommuting and IT policies.</i></b>							
_____ <b>Employee Signature</b>				_____ <b>Date</b>			
<b>Home Workspace Inspected?</b>						<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
_____ <b>By Who</b>				_____ <b>Date</b>			
_____ <b>Department Head Signature</b>				_____ <b>Date</b>		<input type="checkbox"/> <b>Approved</b>	<input type="checkbox"/> <b>Denied*</b>
_____ <b>Manager Signature</b>				_____ <b>Date</b>		<input type="checkbox"/> <b>Approved</b>	<input type="checkbox"/> <b>Denied*</b>

*\*Provide additional sheet with explanation/reason for denial; attach to form.*