



Monterey County Telework Pilot Program

Telework Agreement

INSTRUCTIONS:

1. [Review the Monterey County Telecommuting Policy](#) [Personnel Policies and Practices Resolution No. 98-394 – Section B.19]
2. Review the Telework Pilot Program Procedures
3. Complete this agreement along with your immediate supervisor and the Department Head (or designee)
4. Inspect your planned Telework Site and complete the *Home Office Safety Checklist*
5. Scan completed Telework Agreement and safety checklist and email to Telework@co.monterey.ca.us
6. Deadline for completed documents: **5:00pm on Friday, April 27th**

Section One - Telework Proposal

Name:	County Email:
County Phone Number:	Department:
Job Title:	Job Classification:
Supervisor/Manager Name:	

Telework Site (Teleworker's Residence Address):

Pilot Program Duration: **Monday, May 21st – Friday, August 31st**

Requested Telework Schedule:	
____ Day(s) per week (For Pilot: Minimum = 1 day, Maximum = 2 days)	
Telework Hours:	
Monday	From: _____ To: _____
Tuesday	From: _____ To: _____
Wednesday	From: _____ To: _____
Thursday	From: _____ To: _____
Friday	From: _____ To: _____
Saturday	From: _____ To: _____
Sunday	From: _____ To: _____

Average Daily Round Trip Commute: _____ minutes

Telework phone number: _____

[illegible]

Section Two – Teleworker Acknowledgement

By signing this form, I agree with the following:

A. Equipment and Software:

I Agree:

1. Not to use any County equipment or software for private purposes, nor allow family members or friends access to the equipment or software. This includes not allowing non-employees to use any personal computer or laptop when it is accessing the County network with the connecting software.
2. To promptly return all County-owned software, equipment and documents when requested.
3. To follow all software licensing provisions agreed to by the County of Monterey. This includes uninstalling any County provided software when it is no longer required for County business purposes or if I leave County employment.
4. To allow the County to pursue recovery for any property under my care, custody or control that is deliberately or negligently damaged, destroyed, or lost.
5. Not to hold the County responsible for private property used, lost, or destroyed.
6. Additional teleworking equipment or service expenses (such as an additional telephone line or software) are the responsibility of the employee.
7. To promptly report information security incidents to my supervisor or Security Officer for any incident that appears to compromise the security of Monterey County information resources (includes missing data, virus infestations, and unexplained transactions)

B. Working Conditions:

I Agree:

1. To call the office or access my voice-mail to obtain messages while teleworking (or agree to forward my office phone line to my telework site when I telework).
2. That my supervisor/manager or other authority can call me to work at my County on-site work location to meet workload requirements on any day that I would otherwise be teleworking.
3. I will not receive compensation nor commute expenses for my normal commute to and from the designated telework site.
4. That the duties, obligations, and responsibilities of a teleworker are the same as office-based workers.
5. That if I am unable to perform work on a scheduled telework day, I must report such to my supervisor/manager before or at the beginning of the shift.
6. That while teleworking, I am expected to be working at the above-listed telework site during my telework work schedule. Personal leave time normally scheduled during a scheduled telework day will be arranged in the same manner as office-based employees.
7. To obtain approval from a manager prior to conducting field work on a scheduled telework day.
8. That I am responsible for maintaining a safe and ergonomic working environment, including the work area, bathroom, and other areas that may be necessary for working while teleworking.
9. That Worker's Compensation will not apply to non-job-related injuries that occur in the home. I am responsible for injuries to third parties or members of my family on my premises. The County of Monterey will not be responsible for injuries to third parties or family members that occur at the Telework Site.
10. That in the event of a job-related incident or accident during telework hours, I will report the incident to my supervisor/manager as soon as possible and follow established procedures to report workplace injuries or incidents.
11. Not to provide in-home care for children or dependents during telework hours. If child or dependent care is needed, I agree to make arrangements for care during designated telework hours.

12. Not to hold business meetings with internal or external clients, customers, or colleagues at my residence unless specifically authorized in advance.
13. Not to conduct any unauthorized external (non-County) work during my telework schedule.
14. To maintain the confidentiality of County information and documents, prevent unauthorized access to any County system or information, and dispose of work-related documents in a manner that will not jeopardize the interests of the County.
15. That I must follow County guidelines on maintaining confidentiality and keep employee Social Security Numbers and other private information secure and disposed of in accordance with County policy.
16. To send, receive, and retain email messages concerning County business solely through the County's Office 365 Outlook server.
17. That I am prohibited from using personal email accounts to send, receive, or retain email messages or documents concerning the conduct of County business.
18. That all County-related documents shall be maintained and stored on County systems, such as OneDrive, consistent with adopted retention policies.
19. To delete County related material that has been downloaded onto personal devices as soon as practicable.
20. That all email messages, documents, and text messages concerning County business are subject to review to respond to Public Records Act requests, including those maintained in personal email accounts, and on personal devices.

C. Additional Requirements:

I Agree:

1. To complete assignments while teleworking by the delivery dates agreed upon with my supervisor/manager.
2. To attend the Telework Program Orientation session.
3. To maintain full compliance with the Monterey County Ergonomics Training and Education Policy [*Occupational Ergonomics Policy – Section 6.0*].
4. To complete and submit a Telework Home Office Safety Checklist by Friday, April 27th.
5. To participate in any County evaluation of telework.
6. To notify the Telework Program Staff should a change in my job classification or employment status occur during the course of the Pilot.
7. To notify the Telework Program Staff should a change occur in my supervisor/manager occur during the course of the Pilot.
8. To obtain written permission from my supervisor/manager if I would like to “drop out” of the Pilot Program. A written notification to this effect must be sent to the Telework Program Staff.
9. To abide by all terms of the County of Monterey's Telecommuting Policy, the Telework Pilot Program Procedures and this Telework Agreement.

By signing below, I certify that I have read, understand and agree with the terms outlined in the County of Monterey's Telecommuting Policy, the Telework Pilot Program Procedures, and this Telework Agreement. I also agree to comply with other applicable County of Monterey directions and policies including guidelines for safety, ergonomics training, computer use, data confidentiality and security.

Employee Signature

Date

Section Three –Supervisor/Manager Assessment (completed by Supervisor/Manager)

Prior to approving a telework agreement, the supervisor/manager must assess if the telework agreement will be practical and beneficial, meeting program, operational and employee personal needs.

Meeting the assessment criteria does not guarantee approval to telework. Approval is given on a case-by-case basis; however, for the request to be considered for the Pilot Program, an employee must meet all of the requirements below.

Considerations of the Employee		
Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Does the employee have the necessary knowledge to perform the required job tasks away from the office?
<input type="checkbox"/>	<input type="checkbox"/>	Has the employee demonstrated that they are reliable, responsible, self-directed, and able to work efficiently and independently in performing their work duties?
<input type="checkbox"/>	<input type="checkbox"/>	Is the employee working at the journey-level or higher in terms of job knowledge, skills, and abilities?
<input type="checkbox"/>	<input type="checkbox"/>	Has the employee demonstrated the ability to establish priorities, manage their time and meet deadlines effectively?
<input type="checkbox"/>	<input type="checkbox"/>	Is the employee able to effectively complete work with minimal supervision/direction?
<input type="checkbox"/>	<input type="checkbox"/>	Does the employee's job performance meet or exceed standards?
<input type="checkbox"/>	<input type="checkbox"/>	Is the employee a Bargaining Unit X or Y overtime exempt employee?
<input type="checkbox"/>	<input type="checkbox"/>	Is the employee currently in probationary status?
<input type="checkbox"/>	<input type="checkbox"/>	Will teleworking permit the employee to support the work of others and contribute to business operations in the same/similar manner as if the employee was in the primary County office location?
<input type="checkbox"/>	<input type="checkbox"/>	Will the employee continue to be accessible to internal and external customers and clients in the same/similar manner as if they were in the primary County office location?
<input type="checkbox"/>	<input type="checkbox"/>	Will telework performance objectives and measures be established?
<input type="checkbox"/>	<input type="checkbox"/>	Has the employee confirmed he/she has the computer resources, internet connection, and other information technology needs for the required productivity?
<input type="checkbox"/>	<input type="checkbox"/>	Does/will the teleworker have the supplies, equipment, and access necessary to work efficiently and effectively at the Telework Site?
<input type="checkbox"/>	<input type="checkbox"/>	Will the employee maintain full compliance with the County's office ergonomics training requirement? [<i>Occupational Ergonomics Policy – Section 6.0</i>]

Section Four – Certification & Approval (completed by Supervisor/Manager and Department Head or designee)

Supervisor/Manager Name:

Supervisor/Manager Email:

Supervisor/Manager Phone:

Has the department determined the above position to be suitable for telework?

☐ Yes ☐ No

☐ **Approved** ☐ **Denied**

Supervisor/Manager Signature

Date

☐ **Approved** ☐ **Denied**

Department Head/Designee Signature

Date

If DENIED, provide reason:
