

TELEWORK ARRANGEMENT - ATTACHMENT A

Teleworker Name: _____
 Telework Location: _____
 _____ (Street Address) _____ (City) _____ (Apt#)
 _____ (Telephone) _____ (E-mail)

This is my residence
 This is a State telework center or satellite office
 Other location (identify) _____

Office/Branch: _____
Main Office: _____
 Location (Street Address) _____
 _____ (City) _____
 _____ (Supervisor/Manager Name) _____
 _____ (Supervisor/Manager Telephone) _____
 _____ (Supervisor/Manager E-mail) _____

Telework Schedule: (Check One) **Casual** **Regular**

Permission is required for each telework day. Check regular work days & note start and finish of work hours.

<input type="checkbox"/> <u>Weekly basis:</u>		<input type="checkbox"/> <u>Monthly basis:</u>		(Indicate work dates and hours here, if not covered in table)			
Hours: (start)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
To: (finish)	_____	_____	_____			_____	_____

State Assets to be Used at Remote Work Site:

Description	I.D. Number
State Information Systems to be accessed from remote work location (if any):	

I have read, understand, and acknowledge the CDCR Telework Procedures and State Telework and Remote Access Security Standard. I also understand that my use of any state computing equipment for CDCR Telework may result in a lack of privacy relating to those items. I have completed and certified the Safety Checklist/Acknowledgement. I have met with my supervisor and discussed my role in, the conditions under which I remain, and the termination process of teleworking at CDCR.

Signed: (Teleworker Signature) _____ (Date) _____

(Manager/Supervisor Signature) _____ (Date) _____

(Office Chief Signature) _____ (Date) _____

(EIS Signature) _____ (Date) _____

TELEWORK ARRANGEMENT - ATTACHMENT A (Continued)

Both the manager/supervisor and teleworker understand that telework is a bilateral voluntary arrangement that can be discontinued at either party's request with no adverse repercussions.

- Supervisors must approve in advance the use of, vacation, time off, or other leave credits, as well as any overtime work.
- A teleworker must forgo telework when their physical presence is required in the office on regularly scheduled telework day. Managers and/or supervisors should provide reasonable notice whenever possible. If required, the employee may be required to report to the office without advance notice.

CDCR may reimburse teleworkers for business expenses necessary for performing work assignments.

- ▶ Supervisors must pre-approve in writing all such reimbursements.
- ▶ The CDCR will not be liable for telework expenses not identified in the telework arrangement.
- ▶ Teleworkers must return state owned equipment to CDCR for maintenance and repair.
- ▶ Teleworkers should submit a Travel Expense Claim along with receipts, bills or other verification of expenses pursuant to travel expense claim procedures.

CDCR will not pay for the following expenses:

- ▶ Maintenance or repairs of privately owned equipment.
- ▶ Utility costs associated with the use of the computer or occupation of the home.
- ▶ Equipment supplies (these should be requisitioned through the main office).
- ▶ Travel expenses associated with commuting to the main office, other than authorized transit subsidies.

Additionally:

- Teleworkers must be available by phone or e-mail during their designated work hours.
- Telework is not a substitute for dependent care, and teleworkers must make regular dependent care arrangements.
- The teleworker has read and understands the CDCR Telework Procedures and agrees to abide by them.
- The teleworker will carry out the steps required for information security, and has familiarized him/herself with CDCR information security requirements and procedures and the state Telework and Remote Access Security Standard. The teleworker agrees to consult with his/her supervisor when security matters are an issue.

This arrangement expires in one year and must be renewed to continue participation in the CDCR

Initials: Teleworker _____ (Date) _____ Manager/Supervisor _____ (Date) _____

SAFETY CHECKLIST/ACKNOWLEDGEMENT – ATTACHMENT B

The following checklist must be completed for any in-home telework site and reviewed annually. All items must be evaluated by the employee as being satisfactory, and shall be installed and maintained in accordance with guidelines in "Setting Up An In-home Office - Attachment C".

I. Electrical	Yes	No
A. All electrical outlets in the work area are permanent in nature and properly grounded.		<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		
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		
1. A 2A10BC fire extinguisher is required.	<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
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
A. The work area is free of tripping hazards and is uncluttered.	<input type="checkbox"/>	<input type="checkbox"/>
B. All equipment is adequately supported and free from the danger of falling.	<input type="checkbox"/>	<input type="checkbox"/>
C. The work area has adequate lighting.	<input type="checkbox"/>	<input type="checkbox"/>

D. Potentially hazardous chemicals are not stored in, or around, the work area.

V. Work Station Arrangement

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

A. Positioning When Seated

Yes **No**

- | | 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**

- | | 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**

- | | 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**

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Is your monitor placed to avoid glare caused by light sources? | <input type="checkbox"/> | <input type="checkbox"/> |
| 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"/> |

Work Station Arrangement (Continued)

E. 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"/>

Caution: "No" responses to any questions may indicate a potential problem with your in-home workspace arrangement. Management may deny or rescind telework based on home safety or suspected hazards.

VI. Acknowledgement

Pursuant to Cal-OSHA (C.L.C. Section 6401.7(a)2), CDCR may require a safety inspection of a teleworker's home office space. If warranted, CDCR will provide 48-hour notice to the employee except in the case of an emergency.

Home office safety re-certification will be required on an annual basis.

I, _____ (print name) certify that my home office meets all the above requirements in the Safety Checklist/Acknowledgement.

Employee's Signature

Date

Supervisor's Signature

Date

SETTING UP AN IN-HOME OFFICE - ATTACHMENT C

In setting up a home office, select a location that is safe, efficient, and comfortable. Observe “travel patterns” in and around the work area and avoid high traffic areas.

The main considerations in designing an in-home office are:

Desk Your desk should be sturdy and able to handle the weight of any peripheral equipment (computers, printers, fax machines and/or telephones).

- Conventional desks are typically 29” high.
- Computing surfaces are usually 26” high.

Chair Your seat should be adjustable, including the headrest.

- Height of top of seat to floor should be between 15 and 25 inches.
- Back tilt on chair/lumbar support should be 15 degrees.

Lighting Your work lighting should be directed toward the side or behind the line of vision.

- Bright light sources can bounce off working surfaces and diminish the sense of contrast.
- Northern daylight is optimal for both the office and operating a computer.

Electricity You should have enough electrical outlets in the room to avoid overloading any circuits. If necessary, consult your local power utility.

1. To avoid tripping hazard, cover interconnecting cables or place them out of the way.
2. Use a surge protector/master switch to connect electronic equipment, such as computers, monitors, printers and fax machines.
3. Position equipment close to electrical outlets.
4. Make sure electrical outlets are grounded.

Noise You should avoid or keep distracting sounds to a minimum, such as the television or outside traffic or lawn mower sounds

- Diffuse unavoidable noise by shutting a door or using a room divider.
- Use soft background music to keep productivity up and reduce boredom.
- Note: no noise can be just as stressful as too much noise.

Protecting Data and Equipment Review the “Protecting Data and Equipment” section of the CDCR Telework Procedures.

Safety Review the “Safety Checklist/Acknowledgement”, Attachment B.

SUPERVISOR'S CHECKLIST - ATTACHMENT D

Teleworker Name: _____ Office/Branch: _____

Date: _____

Teleworker's Telephone at Telework site: _____

Teleworker's Schedule: Casual Regular

All of the following items must be checked off as completed before the employee begins teleworking:

- Employee and Supervisor have read and agree to abide by the provisions of the CDCR Telework Procedures.
- Employee and Supervisor have read and agree to the state Telework and Remote Access Security Standard.
- The employee has read and signed the Telework Arrangement Form prior to participation in the program.
- You have documented CDCR issued telework equipment. The employee has received, and clearly understands the requirements for care of the CDCR equipment.
- The employee is familiar with requirements pertaining to the security and confidentiality of data and information.
- Performance expectations have been discussed and are clearly understood.
- Phone contact procedures have been clearly defined.
- Any necessary remote access forms have been completed and approved by EIS.

Print Supervisor's Name: _____

Supervisor's Signature: _____ Date _____

TELEWORK TASK ASSIGNMENT LOG - ATTACHMENT E

Teleworker Name: _____

Office/Branch: _____

Telework Schedule: _____

Supervisor Name: _____

Assigned Tasks for the Week of: _____

Task(s) Assigned by Supervisor

Estimated
Hours

Task(s) Completed by Employee

Actual
Hours

Total Estimated Hours: _____

Total Actual Hours _____

Comments: _____

Employee Signature _____

Date: _____

Supervisor Signature _____

Date: _____