I. PURPOSE

For the purposes of this policy, telecommuting is defined as an approved arrangement with employees to work from home using remote access to Eastern Municipal Water District (EMWD) facilities. In general, telecommuting is an option, which may be granted under appropriate circumstances to employees whose job responsibilities are suited to such arrangement. This policy is intended to provide a benefit to staff that are able to telecommute, however it is at EMWD’s sole discretion to change or rescind this program at any time to maintain operational and efficiency needs of EMWD.

EMWD recognizes that our employees are by definition Disaster Service Workers, and the first priority of government is continuity of service in the event of a widespread emergency or disaster (Gov. Code §§ 3100-3109). In the event of such emergency or disaster, it is important that EMWD not only respond to the emergency by stabilizing the emergency and protecting systems, but also maintain continuity of services.

Because EMWD provides essential services to members of the community, there are positions at EMWD that require the employee to be physically present in the workplace.

II. ELIGIBILITY

This policy will allow the Department Director, in consultation with the supervisors/managers, full discretion to determine if an employee is eligible to telecommute and to determine the schedules and will be guided in their decision-making by their assessment of job duties that may be conducive to working remotely, and operational and services needs assessments.

In order to determine if an employee is eligible to telecommute, the employee’s supervisor will determine if the duties of the position and needs of the department and EMWD are achievable through telecommuting. The following are the requirements to determine the employee’s eligibility to telecommute:
1. Newly hired and current full time EMWD employees who have been in their positions for at least six months, including probationary periods due to change in classification within EMWD, unless negotiated as part of the hiring process.

2. Employees must have last received and maintain a minimum performance rating of “Meets Expectations.”

3. Employees on a Work Improvement Plan and/or in progressive discipline are not eligible.

4. Employees should have a demonstrated ability to work well with minimal supervision, have a thorough knowledge and understanding of their job tasks and operations, and have demonstrated an ability to establish priorities and manage their time.

5. Telecommuting is not available for long-distance work and employees should be able to report to the office as needed and arrive within the normal safe response time from the employee’s location, but no more than 60 minutes. Exceptions will be reviewed on a case-by-case basis for reasonableness, taking into account road or traffic conditions or employee’s normal commute time from primary residence. Employees are expected to be able to report to the office as necessary within a reasonable time based on normal expected travel back and forth daily to work from the employee’s primary residence. Telecommuting is not permitted out of the normal reporting distance.

6. Employees must review and agree to adhere to this policy. A signed Telecommute Agreement (Attachment A) must be on file with Human Resources Department.

7. Employees must have an established work environment, space, hardware, technology, and internet capability and capacity within their home to perform their job duties safely and efficiently through the completion of a self-assessment (Attachment B).

8. Employees having connectivity issues shall inform their immediate supervisor to make the appropriate determination for continuing to telecommute or returning to the office to perform their duties.

III. POLICY GUIDELINES

The Policy includes employees working on site at EMWD facilities no less than three days a week as scheduled. Days approved to telecommute will be based on an approved schedule as outlined in the Telecommuting Agreement. Personal leave time needed during normal scheduled work hours on days telecommuting must be arranged and approved. Telecommute days shall not be days that the employee is scheduled to work on their flex day, for those that have flex schedules (i.e. 9/80 schedules). Department Directors, in consultation with their immediate supervisors, may approve occasional exceptions for unforeseen situations, however, it should not be a pattern.

Employees who wish to telecommute are required to request approval from their supervisors and meet the eligibility criteria provided in this Policy. Supervisors, in consultation with their department Director and Human Resources, will determine
eligibility for review and approval by their department Director. Employees will be notified as soon as practicable after the request. Upon approval, the Telecommuting Agreement (Attachment A) will be completed and signed by both the Employee and Supervisor. A copy of the agreement should be provided to the Human Resources Department.

Employees needing to use Paid Time Off for illness or unexpected personal needs should use their available accruals; telecommuting is not intended to be used unplanned as this may result in unexpected loss of coverage within the department.

**Compensation:** Telecommuting does not change the employee’s classification or requirements of the job, nor does it change their compensation.

**Dependent Care:** Telecommuting is not a substitute or replacement for dependent care. Telecommuting is also not intended to be used in place of Paid Time Off.

**EMWD Policies and Employee Conduct:** Telecommuting inherently changes the workplace dynamic for employees. Employees are expected to continue to adhere to all EMWD Personnel Rules and Regulations, department policies, and relevant Memorandum of Understanding. Employees with questions about the application of a policy or procedure should contact their supervisor for additional information.

**Home Worksite:** Telecommuting employees will establish an appropriate work environment within their home for work purposes and provide the necessary workspace, such as desk, tabletop, or other location that provides optimal work productivity. Employees are not expected to purchase furniture or equipment to arrange a home workspace. Employees should seek advice from a tax advisor if they have questions concerning the tax implications of working from home. EMWD is not responsible for substantiating any employee’s claim of tax deductions for operation of a home office used to perform work.

EMWD will provide employees with appropriate office supplies (pens, paper, etc.) as deemed necessary and may reimburse the employee for pre-approved business-related expenses that are necessary and reasonably incurred to carry out the employee’s job. Necessary expenses must be pre-approved by management.

Employees must submit the completed self-assessment checklist (Attachment B) with the Telecommute Agreement (Attachment A), confirming the availability of a proper telecommuting environment. If there are any changes to the information provided in the attachments, it is the employees responsibility to update, sign, and resubmit to their supervisor for signature with a revised / updated copy of Attachment A provided to the Human Resources Department.

**Job Responsibilities and Regular Communication:** While telecommuting, to the greatest extent possible, employees should be performing the full range of their normal job duties.
Employees and their supervisor should maintain communication throughout the workday, through email, by phone, video chat, or other means. Managers and supervisors will be expected to establish and communicate work expectations of employees working remotely, including setting work priorities, deadlines, reviewing work assignments, and monitoring work performance and efficiency. Employees are expected to respond to calls, emails, or video conferencing in a timely manner.

**Revocation of Telecommuting:** The department may determine that telecommuting work is no longer appropriate for the position or that the employee is no longer meeting the eligibility requirements for telecommuting. This can be due to changes affecting or altering the employee’s telecommute work site, employee performance issues, department services and operations, job classification or position responsibilities / expectations, or other concerns. Employees may similarly revoke their choice to telecommute and return to the office and/or work site(s) at their discretion upon notification to their supervisor / manager and/or department Director. Any subsequent requests by the employee to reinstate telecommuting shall be considered through the approval process.

**Safety:** Employees are expected to maintain their home workspace in a safe manner, free from safety hazards. Injuries sustained by the employee in a home office location and in conjunction with their regular work duties may be covered by Workers’ Compensation. Telecommuting employees are responsible for notifying their supervisor of such injuries as soon as practicable. EMWD assumes no liability for injuries that occur outside the performance of the employee’s duties and/or outside the employee’s scheduled telecommuting hours.

Employees are prohibited from having face-to-face meetings regarding EMWD business in their homes. Rather, employees shall opt to use video or phone conferencing. EMWD will not be liable for any injuries sustained by visitors to an employee’s home worksite.

**Security and Confidential Data:** Consistent with EMWD’s Computing Policy for employees working at the office, telecommuting employees are expected to ensure the protection of EMWD network security measures, regular password maintenance, and any other measures appropriate for the job and the environment. It is the duty of the employee to safeguard sensitive information while telecommuting. Employees must have a private, safe location to work. All standards for maintaining confidentiality of information must be followed.

**Technology, Hardware, and Tech Support:** Employees who will be telecommuting and accessing EMWD networks, electronic applications, and files will require reliable internet access that will allow them to perform their job duties as required. Employees will need to obtain, maintain, support, and pay for their own internet access.
For most telecommuting employees, computers, laptops, tablets, and other devices might be required. In addition to adhering to all requirements outlined in EMWD’s Computing Policy, operating systems and all 3rd party software must be current and updated regularly to access the EMWD network. Installation of logging and productivity monitoring software may be required.

Telecommuting is available to those employees with appropriate hardware, internet capacity, and who have completed the self-assessment (Attachment B) acknowledging proper set up. Equipment supplied by the employee, if deemed appropriate by EMWD, must be maintained by the employee. EMWD accepts no responsibility for damage or repairs to employee-owned equipment and reserves the right to make determinations as to appropriate equipment, subject to change at any time. Equipment supplied by EMWD is to be used for business purposes only. The employee must sign the Telecommuting Agreement (Attachment A) with an inventory of EMWD property authorized for telecommuting use and thereby agree to take appropriate action to protect the items from damage or theft. In some instances, EMWD may have hardware available for temporary needs, but this should not be expected. All EMWD owned equipment issued to an employee must be returned in good working condition immediately upon conclusion of the telecommuting agreement.

**Worker’s Compensation:** During work hours and while performing work functions in the designated work area of the home, telecommuters are covered by worker’s compensation. Any injuries shall be reported immediately to the employee’s respective management.

**Work Schedules and Time Worked:** Start and end times for telecommuting employees should be communicated in advance and should be consistent from day-to-day, as much as possible, and are expected to be core business hours of EMWD to maintain operational needs and efficiency. When approved by the employee’s supervisor, an employee’s start time and end time may be permitted to be different from the employee’s normal hours when working on-site and should be documented (e.g. email). Employees should not expect telecommute days to be permanent and may change based on the operational needs of EMWD, changes to be approved by the department Director.

Employees who are not exempt from overtime requirements under the Fair Labor Standards Act (FLSA) will be required to accurately record all hours worked. Any overtime must be authorized in advance by the employee’s supervisor; employees will follow EMWD’s Overtime Policy which can be accessed at any time on EMWD’s Intranet page.

Employees should record any absences with leave on the bi-weekly timecard in accordance with normal protocols.

**AUTHORIZED SIGNATURE ON FILE**
ATTACHMENT “A”

TELECOMMUTING AGREEMENT

Employee Name: _________________________________________________________

Department/Division: ____________________________ Supervisor: ________________

Job Title/Position: _______________________________________________________

Telecommute Start Date: _________________________________________________

Remote Work Location

Address: __________________________________________________________________

_________________________________________________________________________

Personal Contract Phone #: ________________________________________________

Alternate #: __________________________________________________________________

Personal Email Address: ____________________________________________________

Regular Work Schedule

Hours Per Week: _______________ Schedule Type (5/40, 9/80, 4/10): ____________

☐ Monday From: ____________________________ To: ____________________________

☐ Tuesday From: ____________________________ To: ____________________________

☐ Wednesday From: ____________________________ To: __________________________

☐ Thursday From: ____________________________ To: ____________________________

☐ Friday From: ____________________________ To: _____________________________

☐ Saturday From: ____________________________ To: ____________________________

☐ Sunday From: ____________________________ To: _____________________________

Page 6 of 11
**Computer Workstation Ergonomics: Self-Assessment Checklist**

I have reviewed, completed, and submitted my self-completed Self-Assessment Checklist (Attachment B).

**Employee & Supervisory Responsibilities**

Employees and their supervisor agree to maintain regular communication through email, by phone, video chat, or other means on an agreed schedule and as needed basis. Employees should be able to report to the office as needed and arrive within the normal safe response time from the employee’s location, but no more than 60 minutes. Exceptions will be reviewed on a case-by-case basis for reasonableness, taking into account road or traffic conditions or employee’s normal commute time from primary residence. Telecommuting is not permitted out of the normal reporting distance, from the employee’s primary residence. Managers/supervisors shall communicate work expectations for telecommuting employees and ensure appropriate compliance with expectations.

**Equipment/Supplies Inventory**

<table>
<thead>
<tr>
<th>Equipment/Supply</th>
<th>Supplied by Agency</th>
<th>Supplied by Employee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Computer:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cell Phone:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Printer:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Equipment:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Employee Verification**

I have reviewed and agree to the provisions in this Telecommuting Agreement and also verify that I have also read and understand the Eastern Municipal Water District Telecommuting Policy, (attached hereto for reference) and agree to all of its terms. I further understand that the arrangement to telecommute may be rescinded, without notice at any time, without cause, and without right to appeal or file a grievance, based on needs of EMWD. I am expected to follow EMWD policies and Memorandum of Understanding while telecommuting and understand that failure to do so may lead to disciplinary action up to and including termination.

__________________________   ____________
Employee Signature               Date

__________________________   ____________
Supervisor/Manager (If applicable)  Date

__________________________   ____________
Department Director  Date
**ATTACHMENT “B”**

**TELECOMMUTING SELF-ASSESSMENT CHECKLIST**

Computer Workstation Ergonomics: The goal of this self-assessment is to help you set up your workstation for optimal comfort and performance. For more information, refer to the National Institutes of Health, Office of Research Services, Division of Occupational Health and Safety website.

<table>
<thead>
<tr>
<th>Item</th>
<th>The Office Chair</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Suggested Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Can the height, seat and back of the chair be adjusted to achieve the posture outlined below?</td>
<td></td>
<td></td>
<td></td>
<td>• Obtain a fully adjustable chair</td>
</tr>
<tr>
<td>2.</td>
<td>Are your feet fully supported by the floor when you are seated?</td>
<td></td>
<td></td>
<td></td>
<td>• Lower the chair • Use a footrest</td>
</tr>
<tr>
<td>3.</td>
<td>Does your chair provide support for your lower back?</td>
<td></td>
<td></td>
<td></td>
<td>• Adjust chair back • Obtain proper chair • Obtain lumbar roll</td>
</tr>
<tr>
<td>4.</td>
<td>When your back is supported, are you able to sit without feeling pressure from the chair seat on the back of your knees?</td>
<td></td>
<td></td>
<td></td>
<td>• Adjust seat pan • Add a back support</td>
</tr>
<tr>
<td>5.</td>
<td>Do your armrests allow you to get close to your workstation?</td>
<td></td>
<td></td>
<td></td>
<td>• Adjust armrests • Remove armrests</td>
</tr>
<tr>
<td>Item</td>
<td>Keyboard and Mouse</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td>Suggested Actions</td>
</tr>
<tr>
<td>------</td>
<td>--------------------</td>
<td>-----</td>
<td>----</td>
<td>-----</td>
<td>-------------------</td>
</tr>
</tbody>
</table>
| 6.   | Are your keyboard, mouse and work surface at your elbow height? |     |    |     | • Raise / lower workstation  
|      |                    |     |    |     | • Raise or lower keyboard  
|      |                    |     |    |     | • Raise or lower chair      |
| 7.   | Are frequently used items within easy reach? |     |    |     | • Rearrange workstation   |
| 8.   | Is the keyboard close to the front edge of the desk allowing space for the wrist to rest on the desk surface? |     |    |     | • Move keyboard to correct position |
| 9.   | When using your keyboard and mouse, are your wrists straight and your upper arms relaxed? *The keyboard should be flat and not propped up on keyboard legs as an angled keyboard may place the wrist in an awkward posture when keying.* |     |    |     | • Re-check chair, raise or lower as needed  
|      |                    |     |    |     | • Check posture  
|      |                    |     |    |     | • Check keyboard and mouse height    |
| 10.  | Is your mouse at the same level and as close as possible to your keyboard? |     |    |     | • Move mouse closer to keyboard  
|      |                    |     |    |     | • Obtain larger keyboard tray if necessary |
| 11.  | Is the mouse comfortable to use? |     |    |     | • Rest your dominant hand by using the mouse with your non-dominant hand for brief periods (mouse buttons can be changed within the computer control panel)  
<p>|      |                    |     |    |     | • Investigate alternate mouse options. |</p>
<table>
<thead>
<tr>
<th>Item</th>
<th>Work Surface</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Suggested Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>12.</td>
<td>Is your monitor positioned directly in front of you?</td>
<td></td>
<td></td>
<td></td>
<td>• Reposition monitor</td>
</tr>
</tbody>
</table>
| 13.  | Is your monitor positioned at least an arm’s length away?  
Note: the monitor’s location is dependent on the size of the monitor, the font, screen resolution and the individual user e.g. vision/ use of bifocal spectacles etc. | | | | • Reposition monitor  
• Seek an alternative monitor if necessary, e.g. flat screen that uses less space |
| 14.  | Is your monitor height slightly below eye level? | | | | • Add or remove monitor stand  
• Adjust monitor height |
| 15.  | Is your monitor and work surface free from glare? | | | | • Windows at side of monitor  
• Adjust overhead lighting  
• Cover windows  
• Obtain antiglare screen |
| 16.  | Do you have appropriate light for reading or writing documents? | | | | • Obtain desk lamp  
• Place on left if righthanded – place on right if left-handed |
| 17.  | Are frequently used items located within the usual work area and items which are only used occasionally in the occasional work area? | | | | • Rearrange workstation |
### Item 18.
Do you take postural breaks every 30 minutes? E.g. standing, walking to printer / fax etc.?
- Yes
- No
- N/A

**Suggested Actions**
- Set reminders to take breaks

### Item 19.
Do you take regular eye breaks from looking at your monitor?
- Yes
- No
- N/A

**Suggested Actions**
- Refocus on picture on wall every 30 minutes

### Item 20.
Is there a sloped desk surface or angle board for reading and writing tasks if required?
- Yes
- No
- N/A

**Suggested Actions**
- Obtain an angle board

### Item 21.
Is there a document holder either beside the screen or between the screen and keyboard if required?
- Yes
- No
- N/A

**Suggested Actions**
- Obtain document holder

### Item 23.
In the event of using a laptop computer for prolonged periods of time use of;
- A full-sized external keyboard and mouse;
- Docking station with full sized monitor or a laptop stand

**Suggested Actions**
- Obtain appropriate laptop accessories

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Following completion of this checklist, please discuss any concerns or requirements with your supervisor. All completed assessments should be submitted to your supervisor.

### Employee Certification

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
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<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
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### Supervisor

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
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<table>
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<tr>
<th>Signature</th>
<th>Date</th>
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<table>
<thead>
<tr>
<th>Comments</th>
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</table>