



CITY OF TUCSON TELECOMMUTING SUPEVISOR GUIDANCE/CHECKLIST

In this packet you will find additional resources to assist in tracking and monitoring telecommuting employees. Specifically, for the non-exempt (hourly) employees, please ensure hours are properly reported.

1.) TELECOMMUTING AGREEMENT

2.) TELEWORK SCHEDULE

3.) TELECOMMUTING SITE CHECKLIST

4.) TELEWORKING PLAN & PERFORMANCE REPORT

IF you have additional questions or need additional guidance please contact your respective HR Representative.

Telecommuting Agreement

The following constitutes an agreement between the City of Tucson and _____.

[Employee] agrees to participate in the telecommuting program and to adhere to the applicable guidelines and policies. The City of Tucson concurs with the employee's participation and agrees to adhere to the applicable guidelines and policies.

Terms and conditions. The telecommuting agreement is subject to the following terms and conditions:

Duration. This agreement will be valid for a period of _____ beginning on _____ and ending on _____. At the end of that time, both parties will participate in a review which can result in the reactivation of the agreement.

Work hours. Employee's work hours and work location are specified in the Attachment at the end of this agreement.

Pay and attendance. All pay, leave and travel entitlement will be based on the employee's primary business location. Employee's time and attendance will be recorded as performing official duties at the primary business location.

Leave. Employees must obtain approval before taking leave in accordance with established City of Tucson AD's. By signing this form, employee agrees to follow established directives for requesting and obtaining approval of leave.

Overtime. The employee will continue to work in pay status while working at the home office. An employee who works overtime that has been ordered and approved in advance will be compensated in accordance with applicable law and rules. The employee is subject to discipline if the employee incurs unauthorized or preapproved overtime.

By signing this agreement, the employee agrees that failing to obtain proper approval for overtime work may result in removal from the telecommuting program or other appropriate action.

Business owned equipment. In order to effectively perform their assigned tasks, employees may use the City of Tucson equipment at the telecommuting location with the approval of the City of Tucson. The equipment must be protected against damage and unauthorized use. The City of Tucson owned equipment will be serviced and maintained by the City of Tucson. Any equipment provided by the employee will be at no cost to the City of Tucson, and will be maintained by the employee and will follow City of Tucson IT guidelines and approval.

Files-Supervisors must ensure only necessary work files/documents are being taken home as it applies to their work day and employees must ensure documents are secure and properly stored.

Inspection. The telecommuting location may be inspected periodically to ensure that proper maintenance of the City of Tucson equipment is performed, and that safety standards are met. Notice must be given to the employee at least 24 hours in advance of the inspection, which must occur during normal working hours.

Liability. The City of Tucson will not be liable for damages to the employees' property that result from participation in the telecommuting program.

Reimbursement. The City of Tucson will not be responsible for operating costs, home maintenance, or any other incidental cost (e.g., utilities) whatsoever, associated with the use of the employee's residence. The employee does not relinquish any entitlement to reimbursement for authorized expenses incurred while conducting business for the City of Tucson.

Workers Compensation. Employees injured while performing official duties at the Telecommuting location will be covered as prescribed by law under the Workers Compensation Law.

Work assignments. The employee will meet with _____ to receive assignments and to review completed work as necessary or appropriate. The employee will complete all assigned work according to work procedures mutually agreed upon by the employee and _____ according to established expectations.

Records. The employee will apply approved safeguards to protect the City of Tucson records from unauthorized disclosure or damage. Work done at the telecommuting location is considered the City of Tucson business and property. All records, papers, computer files, and correspondence must be safeguarded for their return to the primary business location.

Curtailement of the agreement. Telecommuting during the COVID-19 Pandemic period will be reviewed on a weekly basis and the City of Tucson will make decisions for changes or extension or removal of Telecommuting based on business needs and in accordance with the Telecommuting AD.

Performance location. The employee agrees to limit performance of assigned duties to the primary business location or to the approved home location. Failure to comply with this provision may result in termination of the telecommuting agreement and/or other appropriate disciplinary action.

Employee: _____ Date: _____

COT supervisor or contact person for employee:

_____ Date: _____

**TELEWORK SCHEDULE
Attachment**

The following hours and locations are agreed to in support of the Telecommuting Agreement.

Primary Business Location: _____

Telecommuting Location: _____

General Work Hours:

Day	Hours	Location (home, office, other)
Monday:	_____ - _____	_____
Tuesday:	_____ - _____	_____
Wednesday:	_____ - _____	_____
Thursday:	_____ - _____	_____
Friday:	_____ - _____	_____
Saturday:	_____ - _____	_____
Sunday:	_____ - _____	_____

Comments (Schedule flexibility, etc.):

Signatures:

[Your Name]: _____

Date: _____

Employee: _____

Date: _____

Telecommuting Site Checklist

It is recommended each employee self-conduct this home office review and submit a completed copy to their supervisor. A supervisor may choose to conduct this review virtually with the employee. The success of the telecommuting arrangement depends on the assessment of the work space and the ability of the employee to successfully complete the required work in this environment. This checklist may seem excessive yet it assists in ensuring a safe home work space and proactively mitigates risk of injury or other incidents while working from home.

1. Does the space seem adequately ventilated? Yes ___ No ___
2. Is the space reasonably quiet? Yes ___ No ___
3. Are aisles, doorways, and corners free of obstructions to permit visibility and movement? Yes ___ No ___
4. Are file cabinets and storage closets arranged so drawers and doors do not open into walkways? Yes ___ No ___
5. Do chairs appear sturdy? Yes ___ No ___
6. Is the space crowded with furniture? Yes ___ No ___
7. Are the phone lines, electrical cords, and extension wires secured under a desk or alongside a baseboard? Yes ___ No ___
8. Is the office space neat and clean? Yes ___ No ___
9. Are floor surfaces clean, dry, level, and free of worn or frayed seams? Yes ___ No ___
10. Are carpets well secured to the floor and free of frayed or worn seams? Yes ___ No ___
11. Is there a fire extinguisher in the home, easily accessible from the office space (required)? Yes ___ No ___
12. Is there a working (test) smoke detector within hearing distance of the work space (required)? Yes ___ No ___
13. I/We agree that in our opinion this is an acceptable home office space that allows the employee a reasonable opportunity to meet the job requirements as a telecommuter.
Initials _____ Yes ___ No ___

Comments (optional):

TELEWORKING WORK PLAN & PERFORMANCE REPORT

For the week of (enter dates) _____

Task List	Completed Satisfactorily	Completed Unsatisfactorily	Not Completed

Comments (for work completed unsatisfactorily or not completed. Use back, if necessary):

Upon completion of teleworking week and after review of work performed, teleworker and supervisor please sign and date below, copy for each, and forward original to Departmental Teleworking Liaison:

Teleworker signature

Date

Supervisor signature

Date