




# OREGON DEPARTMENT OF FISH AND WILDLIFE POLICY

## Human Resources Division

<b>Title:</b>	<b>Telecommuting and Teleworking</b>	<b>HR_450_06</b>
<b>Supersedes:</b>	HR_450_06, dated November 16, 2009	
<b>Applicability:</b>	All employees (where not in conflict with the labor agreement)	
<b>Reference:</b>	State Policy 50.050.01; HR Policy_420_04 Fair Labor Standards Act; ORS 240.855; Department of Administrative Service (DAS) Enterprise Information Strategy and Policy Division (EISPD) Information Technology (IT) and Information Security (IS) Policies	
<b>Effective Date:</b>	October 1, 2013	<b>Approved:</b> 

### I. PURPOSE

To provide specific criteria and procedures to ensure consistency throughout the department when telecommuting or teleworking is identified as an available work option and an employee's work habits and position are suitable as determined by the department.

### II. DEFINITIONS

- A. **Alternate Worksite:** A worksite alternate to the central worksite, in the employee's home or in a building owned or leased by the state, or in a mutually agreed upon location.
- B. **Central Worksite:** The traditional office, official workstation, or workplace.
- C. **Suitable:** As used in this policy refers to positions that have limited need for direct supervision and access to hardcopy or electronic files, limited need for face-to-face contact with other employees, clients, and customers, and limited need for access to the department's resources.
- D. **Telecommuting:** A mutually agreed upon work option between the department and the employee in which the employee works at an alternate worksite on regular basis on specified days.
- E. **Teleworking:** A mutually agreed upon work option between the department and the employee in which the employee works at an alternate worksite on an occasional, irregular basis with the remainder of his or her time at the central worksite.

### III. POLICY

It is the policy of the Department of Fish and Wildlife (ODFW) to allow employees, where suitable, to telecommute or telework.

- A. Request and Consideration
  - 1. Telecommuting and teleworking are privileges and may be a work option for some positions.

2. An employee who wants to telecommute or telework shall discuss the request with his or her supervisor and shall complete the Telecommuting / Teleworking Application. In deciding whether to accept or deny an employee's request, the supervisor may consider a number of factors, including, but not limited to, the following:
  - a. If the position is suitable for telecommuting or teleworking.
  - b. If the employee consistently demonstrates work habits that are well-suited to teleworking or telecommuting, including, but not limited to, self-motivation, self-discipline, the ability to work independently, the ability to manage distractions, the ability to meet deadlines, and a demonstrated record of meeting established performance expectations.
  - c. Whether approval or denial of the request is a consistent application of the policy throughout the department.
  - d. Whether a telecommuting or teleworking arrangement will meet the department's business or operation needs or a need of the department's customers.
3. The supervisor shall consider the employee's request in relation to the department's operating and customer needs, and shall consult with the Division Administrator / Region Manager and the Human Resources Administrator prior to making a decision to approve telecommuting.

B. Agreement

1. The department may require teleworking or telecommuting at the time of hire as a condition of employment. Under those circumstances, the department has discretion to discontinue the arrangement at any time. In addition, teleworking and telecommuting may be arranged by mutual agreement between the department and an employee.
2. Telecommuting and teleworking employees shall sign and abide by an agreement between the employee and the supervisor and the department. The employment relationship remains the same as for employees not working from an alternate worksite. Unless otherwise provided in the agreement, either the department or the employee may discontinue the arrangement at any time, generally giving one week's notice. Note: All telecommuting and teleworking arrangements require the written approval of the supervisor, the region manager/division administrator, the department's Information Security Officer and the Human Resources Division Administrator, in conjunction with the appropriate deputy director.
3. Approved telecommuting and teleworking agreements shall not extend beyond the end of the biennium in which they begin and must be resubmitted and reapproved each new biennium. The supervisor and the employee should review the telecommuting and telework agreement during the employee's annual performance review. Completed telecommuting and teleworking agreements must be forwarded to Human Resources at the end of the approval period or no later than the end of the biennium.
4. The department has the discretion to approve employees working in alternate worksites when the worksite is in Oregon. When an employee's alternate worksite is outside of Oregon, the Human Resources Administrator must request a workers'

compensation insurance assessment from DAS Risk Management to determine if out-of-state workers' compensation coverage is needed. If additional coverage is needed, DAS Risk Management arranges for the coverage. (Discuss with DAS Risk Management if an assignment will last more than 14 workdays, the period set by DAS Risk Management for initial assessment and approval of out-of-state worksites..

5. An employee's salary, benefits and employer-sponsored insurance coverage do not change as a result of telecommuting or teleworking.
6. Managers will monitor employee compliance with the telecommuting and teleworking agreement, relevant state policies, performance standards, expectations for work products, productivity and time accountability. Employees must be available during established work hours. Absences (including unavailability during work hours) must be pre-approved. Employees must account for all time worked and use other leave, as appropriate, with prior management approval only. Management may consider an employee's request to alter regular work hours on a telecommuting or telework day, if the alteration is necessary for the employee to accomplish assigned work tasks. Management will discuss the employer's expectations with the employee such as assignments to be completed, timely response to e-mail and phone calls, etc.
7. Employee's work schedules must comply with the Fair Labor Standards Act, the collective bargaining agreement, or HR policy 420\_04 Fair Labor Standards Act, as applicable. If subject to the FLSA and eligible for overtime compensation, the telecommuter shall get the supervisor's advanced written approval for working overtime.
8. Management has discretion to determine whether to allow telework when an employee's dependents may be in the home during teleworking hours. If approved, time the employee spends caring for dependents, or time spent on other personal business, will not be counted as time worked. The employee must gain pre-approval from management prior to using any accrued leave. The telecommuter shall not act as primary care giver for dependents or perform other personal business during hours agreed upon as work hours. Dependents may be in the home during telecommuting hours, but they shall not require the telecommuter's attention during work hours.
9. Security
  - a. The supervisor will ensure that the employee can work at the alternate worksite without endangering state information. The agreement must contain assurance that the supervisor and employee will follow all ODFW policies and DAS-EISPD policies related to information and data security. Complying with these policies mitigates risk and ensures appropriate level of security for confidential state information (paper and electronic) in transit or at the alternate worksite.
  - b. The supervisor will provide the employee with ongoing training on how to protect confidential state information.
  - c. The department will ensure that the employee has secure network access to the state's systems and that devices used by the employee contain an appropriate level of security software and configurations.

10. State information stored on an employee's personal electronic equipment is subject to public records requests, and to review by the department. Reasonable notice of inspection and/or investigation will be given to the telecommuter.
11. Telecommuting or teleworking shall not adversely affect customer service or delivery, employee productivity, or the progress of an individual or team assignment.
12. Products, documents and records used and/or developed while telecommuting shall remain the property of the department, and are subject to state and department policies regarding confidentiality and records retention requirements.
13. The telecommuter shall not be paid for time involved in travel between the telecommuting site and central worksite. Travel between the telecommuting site and the central worksite shall not be reimbursed.
14. The employee shall promptly notify the supervisor when unable to perform work assignments due to equipment failure or other unforeseen circumstances. Supervisors may reassign employees to another project and/or work location in the event of equipment failure.

C. Logistics for Alternate Worksites

1. Employees are expected to have sufficient telephone arrangements to perform their work and to participate in telephone conferences during agreed-upon working hours. The supervisor and the employee shall use the most efficient and effective way of handling long distance calls whether that is the use of a state calling card, department cell phone or reimbursement for long distance business calls. If reimbursement is approved, the employee shall submit an expense reimbursement request with a log of long distance business calls and a copy of the phone bill on a monthly basis.
2. Employees are expected to have sufficient Internet access if work assignments require use of Web resources in the performance of their duties while working at an alternate worksite.
3. Employees will not hold business visits or in-person meetings with department customers or co-workers at the alternate worksite unless approved by the employee's supervisor. The state does not assume responsibility for injury to any persons other than the telecommuter at the telecommuting site.
4. The department provides office supplies for the alternate worksite.
5. The department may provide equipment and software for use at the alternate worksite. The equipment and software are for department business only, and must comply with the department's desktop security and maintenance policies and practices.
6. If the employee provides equipment and software it must comply with the department's desktop security and maintenance policies and practices, and any additional safeguards required by the department. Note: State information stored on personal electronic equipment may be subject to department review, public records requests and discovery. If the employee will connect to an ODFW network, then ODFW supplied workstations are required. If the employee will only use Mallard (the Outlook Web Access e-mail), then it is acceptable for the employee to use his or her personal workstation for access. Employees' personal flash drives are not permitted to be used on ODFW equipment.

7. The employee normally provides home worksite furniture and equipment and should maintain a clean and safe workspace. The employee must immediately report to the supervisor any injury or illness that occurs during work hours. The supervisor shall notify the Safety and Health Manager of all on-the-job injuries and illnesses that occur during telecommuting or teleworking. The state is not responsible for loss, damage, repair, replacement, or wear of personal property or equipment.
8. The department may require telecommuting and teleworking employees to share workspace with other telecommuting employees.
9. State and department policies, rules, and practices shall apply at the alternate worksite, including those governing communicating internally and with the public, employee rights and responsibilities, facilities and equipment management, financial management, information resource management, purchasing of property and/or services, and safety.
10. Telecommuters and teleworkers shall attend job-related meetings, training sessions, and conferences, as requested by supervisors. In addition, telecommuters and teleworkers may be requested to attend "short notice" meetings. When possible and effective, telephone conference calling shall be offered as an alternative to in-person attendance.
11. The department may pursue recovery from the telecommuter or teleworker for state property that is deliberately, or through negligence, damaged, destroyed, or lost while in the telecommuter's care, custody, or control.
12. Employees are advised to contact their insurance agent and tax consultant for information regarding home worksites.

D. The Personnel Records Unit shall maintain records pertaining to telecommuting assignments.

- Attachment A Telecommuting / Teleworking Application
- Attachment B Telecommuting Agreement
- Attachment C Teleworking Agreement
- Attachment D Alternate Worksite Office Checklist



## Oregon Department of Fish and Wildlife Telecommuting / Teleworking Application

**Instructions:** Employee shall complete application and give to supervisor. Supervisor shall conduct a preliminary completeness review. Telecommuting/Teleworking arrangements shall be approved by the supervisor, the Division Administrator/Region Manager and the Human Resources Administrator, in conjunction with the appropriate Deputy Director, prior to implementation.

**Employee Information:**

Position # \_\_\_\_\_

Name: \_\_\_\_\_ Central worksite phone: \_\_\_\_\_

Division: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

 Proposed alternate worksite:  Home  Satellite office  Telecommuting center  Other (specify) \_\_\_\_\_

Alternate worksite address: \_\_\_\_\_ City: \_\_\_\_\_

Alternate worksite phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell/Pager: \_\_\_\_\_

Alternate worksite office e-mail (if different from central office): \_\_\_\_\_

In addition to my supervisor and other management personnel, the following personnel would be authorized to have my alternate worksite phone number: \_\_\_\_\_

**Telecommuting / Teleworking Schedule:**

 I propose to telecommute / telework on:  Mon.  Tues.  Wed.  Thurs.  Fri.

 Variable/seasonal (specify) \_\_\_\_\_

 Alternate days:  Monday  Tuesday  Wednesday  Thursday  Friday

Daily schedule: Total hours per day: \_\_\_\_\_

Start: \_\_\_\_\_ a.m./p.m. Finish: \_\_\_\_\_ a.m./p.m.

Lunch: \_\_\_\_\_ a.m./p.m. To \_\_\_\_\_ a.m./p.m.

Core hours I can be reached: \_\_\_\_\_ a.m./p.m. To \_\_\_\_\_ a.m./p.m.

Tasks or assignments to be completed on telecommuting / teleworking days (e.g., planning, reading, budgeting, data entry, word processing, contacting customers, analysis, preparing contracts, etc.): \_\_\_\_\_

**Dependent care:**

 I have dependents requiring care during telecommuting / teleworking hours?  Yes  No

I have dependent care to relieve me from primary-care responsibilities during telecommuting / teleworking hours?

 Yes  No

**Accessibility information**

 When telecommuting / teleworking, I can be contacted by:  Phone  Voice mail/answering machine

 E-mail Other: \_\_\_\_\_

**Equipment/services to be used at the alternate worksite:**

I propose to provide the following equipment and software (check all that apply):

Phone                       Voice mail                       Second phone line                       Office furniture

Fax Machine                       Internet service provider                       Pager

Computer type and model: \_\_\_\_\_

Printer type and model: \_\_\_\_\_

Modem type and model: \_\_\_\_\_

Operating system: \_\_\_\_\_

Software: \_\_\_\_\_

Surge Protection type: \_\_\_\_\_

Other equipment not mentioned above: \_\_\_\_\_

Remote access requested?                       Yes                       No

**Applicant acceptance of telecommuting / teleworking policy:**

I have read HR Policy 450\_06, Telecommuting and Teleworking and understand the requirements and obligations I am expected to accept and meet as a telecommuter /teleworker.

Applicant's name (print): \_\_\_\_\_

Applicant's signature: \_\_\_\_\_

Date: \_\_\_\_\_

**To be completed by the Immediate Supervisor**

1.	Is the employee regular status, limited duration or seasonal, who has successfully completed his/her trial service period?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Does the employee have sufficient tasks appropriate for telecommuting / teleworking that would justify a formal telecommuting / teleworking agreement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Do the job duties allow for the scheduling of face-to-face meetings on non-telecommuting days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Can the employee meet customer and co-worker needs when telecommuting / teleworking?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	If the job is a supervisory position, is the employee able to adequately supervise staff while telecommuting / teleworking?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Can the employee access resources that must stay at the office on telecommuting / teleworking days (e.g., confidential or financial materials that cannot be removed from the office)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Does the employee have access to necessary databases and electronically stored information from the alternate worksite?	<input type="checkbox"/> Yes <input type="checkbox"/> No

I recommend accepting this application for:                       Telecommuting                       Teleworking

Yes     No

If no, Reasons: \_\_\_\_\_

If yes, **Forward this Application with the completed Telecommuting or Teleworking Agreement (Attachment B or Attachment C) to the Division Administrator/Region Manager.**

Supervisor's name (print): \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## Oregon Department of Fish and Wildlife Telecommuting Agreement (Fixed, regular basis)

**Instructions:** Complete with your supervisor after the Telecommuting/Teleworking Application (Attachment A) is approved. Information in the Telecommuting/Teleworking Application is incorporated as part of this agreement.

### ALTERNATE WORKSITE

The department does not reimburse the telecommuter for travel between the alternate worksite and the official workstation.

\_\_\_\_\_ Home: (Specify address and location in home) \_\_\_\_\_

\_\_\_\_\_ Satellite/Other: (Specify Address) \_\_\_\_\_

Alternate worksite phone: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Other: \_\_\_\_\_

### BENEFITS

The reason for this agreement is:

- \_\_\_ Opportunity for improved employee performance
- \_\_\_ Reduced commuting miles
- \_\_\_ Department savings
- \_\_\_ Other (explain) \_\_\_\_\_

### SCOPE OF AGREEMENT

The employee agrees to perform services for the employer as a "telecommuter." Telecommuting is voluntary and may be terminated at any time by either the employee or employer, unless it was made a condition of employment at the point of hire.

### SALARY, JOB RESPONSIBILITIES AND BENEFITS

Salary, job responsibilities and benefits will not change because of involvement in telecommuting. The employee agrees to comply with all existing job requirements and expectations that are in effect in the office. Supervisors set expectations for job assignments to be completed on telecommuting / teleworking day(s). Employees are held to the same job requirements and expectations in effect while in the central worksite.

### SCHEDULE

Telecommuting days:     Mon     Tues     Wed     Thurs     Fri

If the telecommuter must come into the office on a scheduled telecommuting day, can another day be substituted?

Yes     No

Telecommuting time: Start: \_\_\_\_\_ Finish: \_\_\_\_\_ Total hours per day: \_\_\_\_\_

Work hours are not expected to change while telecommuting. Discuss anticipated overtime and seek approval in advance from the supervisor.

### TASKS

Tasks for telecommuting days:

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**EQUIPMENT**

The department is not responsible for any private property used, lost or damaged. The state may pursue recovery from the employee for state property that is deliberately or negligently damaged or destroyed while in the employee’s care, custody or control. Employees are advised to contact their insurance agent and a tax consultant for information regarding home worksites.

Personal computer equipment used to telecommute must comply with department security policies and practices. State information stored on personal electronic equipment is subject to public records requests and department review. If the employee will connect to an ODFW network, then ODFW supplied workstations are required. If the employee will only use Mallard (the Outlook Web Access e-mail), then it is acceptable for the employee to use his or her personal workstation for access. Employees’ personal flash drives are not permitted to be used on ODFW equipment.

In the event of equipment failure, the employee may be assigned to another project or work location. The employee shall surrender all state equipment and data documents immediately upon request.

According to [State Policy 107.004.050, Information Asset Classification](#),\* the security level of the information used at the telecommuting site is:

Level I (Published) \_\_\_\_\_

Level II (Limited)\_\_\_\_\_

Level III (Restricted)\_\_\_\_\_

Level IV (Critical) \_\_\_\_\_

What measures have been taken to secure the information and equipment at the telecommuting site?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What review period has been agreed upon for these security measures?

\_\_\_\_\_  
\_\_\_\_\_

Approved access to the LAN(s) using the department’s standard remote access software?  Yes  No

What equipment will be used?

Item	Department Inventory #	Owner

\* [State Policy 107.004.050, Information Asset Classification](#) is found at:  
<http://www.oregon.gov/DAS/OP/docs/policy/state/107-004-050.pdf>

**COMMUNICATION**

Will the following be utilized?

Call forwarding:  Yes  No

Answering machine or voice mail:  Yes  No

Receptionist or co-workers take calls:  Yes  No

How will incoming calls to the central worksite be answered on telecommuting days?

The employee agrees to call the office to obtain messages at least \_\_\_\_ times a day.  
The employee shall promptly notify the supervisor when unable to perform work assignments due to equipment failure or other unforeseen circumstances.

Other procedures: \_\_\_\_\_  
Department policy for payment of business telephone and data calls from the telecommuting site: \_\_\_\_\_

**ARRANGEMENTS**

Telecommuting begin date: \_\_\_\_\_; end date (if other than end of biennium): \_\_\_\_\_

Review Date: \_\_\_\_\_ Initials: (Supervisor) \_\_\_\_\_ / (Employee) \_\_\_\_\_

[Review Date: \_\_\_\_\_ Initials: (Supervisor) \_\_\_\_\_ / (Employee) \_\_\_\_\_]

[Review Date: \_\_\_\_\_ Initials: (Supervisor) \_\_\_\_\_ / (Employee) \_\_\_\_\_]

*(Note: Agreements shall be reviewed and initialed by the supervisor and the employee no less frequently than once annually during the biennium.)*

**TERMINATION**

Unless otherwise specified in this agreement, the department and/or the employee may discontinue this arrangement at anytime giving one week's notice.

**OTHER ARRANGMENTS:**

Additional conditions agreed upon by the employee and supervisor: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AGREEMENT:**

I have read and understand department policy HR\_450\_06 Telecommuting and Teleworking and this agreement. I agree to abide by and operate in accordance with the terms and conditions outlined.

I agree that the sole purpose of this agreement is to regulate telecommuting and that it neither constitutes an employment contract nor amends any existing contract.

Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Note: Attach the completed Telecommuting / Teleworking Application to this Agreement

**DEPARTMENT APPROVAL:**

Division Administrator/Region Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Department Information Security Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Human Resources Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

Deputy Director: \_\_\_\_\_ Date: \_\_\_\_\_



# Oregon Department of Fish and Wildlife Teleworking Agreement (Occasional, irregular basis)

**Instructions:** Complete with your supervisor after the Telecommuting/Teleworking Application (Attachment A) is approved. Information in the Telecommuting/Teleworking Application is incorporated as part of this agreement.

### ALTERNATE WORKSITE

The department does not reimburse the teleworker for travel between the alternate worksite and the official workstation.

\_\_\_\_\_ Home: (Specify address and location in home) \_\_\_\_\_

\_\_\_\_\_ Satellite/Other: (Specify Address) \_\_\_\_\_

Alternate worksite phone: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Other: \_\_\_\_\_

### BENEFITS

The reason for this agreement is:

- \_\_\_ Opportunity for improved employee performance
- \_\_\_ Reduced commuting miles
- \_\_\_ Department savings
- \_\_\_ Other (explain) \_\_\_\_\_

### SCOPE OF AGREEMENT

The employee agrees to perform services for the employer as a “teleworker.” Teleworking is voluntary and may be terminated at any time by either the employee or employer, unless it was made a condition of employment at the point of hire.

### SALARY, JOB RESPONSIBILITIES AND BENEFITS

Salary, job responsibilities and benefits will not change because of involvement in teleworking. The employee agrees to comply with all existing job requirements and expectations that are in effect in the office.

### SCHEDULE

Teleworking days:       Mon     Tues     Wed     Thurs     Fri

If the teleworker must come into the office on a scheduled teleworking day, can another day be substituted?  
 Yes     No

Teleworking time: Start: \_\_\_\_\_ Finish: \_\_\_\_\_ Total hours per day: \_\_\_\_\_

Work hours are not expected to change while teleworking. Discuss anticipated overtime and seek approval in advance from the supervisor.

### TASKS

Tasks for teleworking days:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### EQUIPMENT

The department is not responsible for any private property used, lost or damaged. The state may pursue recovery from the employee for state property that is deliberately or negligently damaged or destroyed while in the employee's care, custody or control. Employees are advised to contact their insurance agent and a tax consultant for information regarding home worksites.

Personal computer equipment used to telework must comply with department security policies and practices. State information stored on personal electronic equipment is subject to public records requests and department review. If the employee will connect to an ODFW network, then ODFW supplied workstations are required. If the employee will only use Mallard (the Outlook Web Access e-mail), then it is acceptable for the employee to use his or her personal workstation for access. Employees' personal flash drives are not permitted to be used on ODFW equipment.

In the event of equipment failure, the employee may be assigned to another project or work location. The employee shall surrender all state equipment and data documents immediately upon request.

According to [State Policy 107.004.050, Information Asset Classification](#),\* the security level of the information used at the alternate worksite is:

Level I (Published) \_\_\_\_\_

Level II (Limited) \_\_\_\_\_

Level III (Restricted) \_\_\_\_\_

Level IV (Critical) \_\_\_\_\_

What measures have been taken to secure the information and equipment at the alternate worksite?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What review period has been agreed upon for these security measures?

\_\_\_\_\_  
 \_\_\_\_\_

Approved access to the LAN(s) using the department's standard remote access software?  Yes  No  
 What equipment will be used?

Item	Department Inventory #	Owner

\* [State Policy 107.004.050, Information Asset Classification](#) is found at:  
<http://www.oregon.gov/DAS/OP/docs/policy/state/107-004-050.pdf>

**COMMUNICATION**

Will the following be utilized?

Call forwarding:  Yes  No

Answering machine or voice mail:  Yes  No

Receptionist or co-workers take calls:  Yes  No

How will incoming calls to the central worksite be answered on teleworking days?

The employee agrees to call the office to obtain messages at least \_\_\_\_\_ times a day.  
The employee shall promptly notify the supervisor when unable to perform work assignments due to equipment failure or other unforeseen circumstances.  
Other procedures: \_\_\_\_\_

**ARRANGEMENTS**

Teleworking begin date: \_\_\_\_\_; end date (if other than end of biennium): \_\_\_\_\_

Review Date: \_\_\_\_\_ Initials: (*Supervisor*) \_\_\_\_\_ / (*Employee*) \_\_\_\_\_

[Review Date: \_\_\_\_\_ Initials: (*Supervisor*) \_\_\_\_\_ / (*Employee*) \_\_\_\_\_]

[Review Date: \_\_\_\_\_ Initials: (*Supervisor*) \_\_\_\_\_ / (*Employee*) \_\_\_\_\_]

*(Note: Agreements shall be reviewed and initialed by the supervisor and the employee no less frequently than once annually during the biennium.)*

Department policy for payment of business telephone and data calls from the telecommuting site: \_\_\_\_\_

**TERMINATION**

Unless otherwise specified in this agreement, the department and/or the employee may discontinue this arrangement at anytime giving one week's notice.

**OTHER ARRANGMENTS:**

Additional conditions agreed upon by the employee and supervisor: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AGREEMENT:**

I have read and understand department policy HR\_450\_06 Telecommuting and Teleworking, and this agreement. I agree to abide by and operate in accordance with the terms and conditions outlined.

I agree that the sole purpose of this agreement is to regulate teleworking and that it neither constitutes an employment contract nor amends any existing contract.

Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Note: Attach the completed Telecommuting / Teleworking Application to this Agreement

**DEPARTMENT APPROVAL:**

Division Administrator/Region Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Department Information Security Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Human Resources Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

Deputy Director: \_\_\_\_\_ Date: \_\_\_\_\_



## Oregon Department of Fish and Wildlife Alternate Worksite Office Checklist

Use this checklist as a guide for setting up your alternate worksite office. Ideally, you should be able to answer "yes" to all questions. Submit this completed checklist to Human Resources along with the Application and Agreement documents.

1. Is the workstation deep enough to accommodate the monitor and keyboard directly in front of the user? .....  Yes  No
2. Does the workstation provide sufficient legroom (depth and width), so there are no obstructions for knees, legs, shins, or thighs? .....  Yes  No
3. Is the mouse (or other pointing device) and keyboard able to be positioned on the same level? ...  Yes  No
4. Is there adequate room for the monitor to be positioned 16-29 inches from the user's eyes?.....  Yes  No
5. Can the monitor be raised or lowered to accommodate the correct viewing height (uppermost line of the document at or slightly below the user's eyes)? .....  Yes  No
6. Is the chair stable (with a five-point base)? .....  Yes  No
7. Does the chair adjust in height? .....  Yes  No
8. Is there at least 3 inches between the front edge of the chair and the back of your knees when sitting back in the chair? .....  Yes  No
9. Does the chair provide lower-back support? .....  Yes  No
10. Are your feet flat on the floor or on a footrest when sitting back in the chair?.....  Yes  No
11. Are your forearms, wrists, etc. free from contact with hard, sharp edges? .....  Yes  No
12. Do you use a document holder when you key from documents? .....  Yes  No
13. Is there adequate light for viewing the monitor and reading printed materials? .....  Yes  No
14. Is the monitor screen positioned so there's no glare? .....  Yes  No
15. Do you avoid clutching the phone receiver between your ear and shoulder? .....  Yes  No
16. Are aisles and doorways free of obstructions?.....  Yes  No
17. Are all phone lines, electrical, and other cords tied up and kept out of the way?.....  Yes  No
18. Is all electrical equipment in good working condition?.....  Yes  No
19. Are electrical cords in good condition?.....  Yes  No