



County of Yolo

Administrative Policies and Procedures Manual

TITLE: TELECOMMUTING POLICY	DEPARTMENT: HUMAN RESOURCES
TYPE: POLICY & PROCEDURE	DATE: JUNE 15, 2021

A. PURPOSE

The purpose of this policy is to establish guidelines and criteria for telecommuting assignments for employees of the County of Yolo.

B. DEFINITIONS:

- 1. Standard Work Location (SWL):** The standard work location for all employees is their designated Yolo County location (facility, building, office, or workspace) according to the Human Resource Information System record. Every Yolo County employee has a designated SWL. "Assignment" to a SWL shall mean that this is the onsite, physical location where the employee maintains a workspace according to their established schedule.
- 2. Alternative Work Location (AWL):** An alternative work location is any approved location where an employee maintains a workspace to work their regularly scheduled hours that does not conform to the standard work location. Subject to approval, typical AWLs include onsite County locations (facility, building, office, or workspace) and home office workspaces. Out of State and public environments such as coffee shops are not suitable AWLs. Temporary or intermittent AWLs are subject to department and supervisor approval on a case-by-case basis.

Types of AWL assignments that employees may work include:

- a. Fixed AWL** – A fixed AWL assignment consists of the employee working all their regularly scheduled hours at an established AWL, except when requested to work onsite due to reasons determined necessary by the department, supervisor, or manager.
 - b. Flexible AWL** – A flexible AWL assignment consists of the employee working some regularly scheduled hours at an AWL and some regularly scheduled hours onsite at their SWL.
 - c. Split-Day AWL** – A split-day AWL assignment consists of the employee working part of the daily scheduled hours at an AWL and part of the daily scheduled hours onsite at their SWL, for one or more days per pay period.
- 3. Telecommuting:** Telecommuting (also known as telework, remote work, working from home, etc.) is defined for the purposes of this policy as an employee working at an established AWL assignment. Telecommuting typically includes the use of County and/or department resources and equipment to digitally perform all or some of their job functions.
 - 4. Primary and Secondary Work Locations:** The primary work location is where an employee is assigned to work the majority of their scheduled time. The secondary work location is another approved work location. If the employee's time is evenly split between both work locations, the supervisor, in consultation with the employee, will designate one location as their primary work location.



County of Yolo

Administrative Policies and Procedures Manual

TITLE: TELECOMMUTING POLICY	DEPARTMENT: HUMAN RESOURCES
TYPE: POLICY & PROCEDURE	DATE: JUNE 15, 2021

- 5. Hotel Workspace:** A hotel workspace is a designated and appropriately equipped, generic workspace that is available, often by reservation, for temporary use by employees who are otherwise not at their primary work location, as applicable. The availability and nature of hotel workspaces may vary by department.

C. FORMS/ATTACHMENTS:

- 1. Exhibit A: Employee Telecommuting Request Form and Agreement**
- 2. Exhibit B: Employee Telecommuting Alternative Work Location Approval and Safety Verification Form**

D. POLICY

- 1. General:** With the adoption of Trip Reduction Ordinance No. 1152, the County of Yolo committed to offering telecommuting options to employees as one method to reduce home-to-work trips to help reduce air quality degradation and traffic congestion for all County residents, in addition to reducing time and money spent on commuting. Additionally, after experiencing the COVID-19 world pandemic, we learned that telecommuting helped our employees remain safe and productive.

Further, the anticipated benefits of telecommuting include increased productivity as a result of reduced interruptions to workflow, reduced absenteeism, and improved employee morale by addressing work schedule flexibility, individual lifestyle considerations, and improved work-life balance.

Telecommuting is not an employee entitlement but rather a management strategy for meeting the business needs of the department. As a management strategy, telecommuting assignments can provide improved outcomes for organizations including reduced need for building space, reduced overhead costs, and enhanced ability to attract and retain valuable employees.

- 2. Guiding Principles:** Department may exercise discretion in granting telecommuting assignments. However, this policy establishes certain limitations to assure the safety of personnel, effective customer service, and operating efficiency. In considering approval of telecommuting assignments, departments must ensure that approved telecommuting assignments adhere to the following guiding principles:
 - a.** Meets the business needs of the department;
 - b.** Ensures high level of customer service;
 - c.** Does not negatively impact employee or department productivity, performance, ability to meet deadlines, or employee engagement;
 - d.** Does not increase overtime and/or comp-time earned;



County of Yolo

Administrative Policies and Procedures Manual

TITLE: TELECOMMUTING POLICY	DEPARTMENT: HUMAN RESOURCES
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- e. Ensures adequate and appropriate onsite coverage during business hours, inclusive of leaves and position vacancies.

3. Terms and Conditions: Each telecommuting assignment shall be subject to the following terms and conditions.

- a. Telecommuting assignments are not a viable option for every department nor for every employee in every position.
- b. A telecommuting assignment is an arrangement between the department, the supervisor, and the employee. It is not an entitlement or employee benefit.
- c. Schedule adherence, performance measures, and productivity standards for employees who engage in a telecommuting assignment will remain consistent with those of an SWL assignment and as established in the arrangement noted in item D.3.b. above. While flexibility, individual lifestyle considerations, and improved work-life balance are anticipated benefits of telecommuting, it is not intended as a replacement for otherwise required dependent care.
- d. The department head or their designee may review, revise, revoke, or terminate an employee's telecommuting assignment at any time, with or without cause, and with as short as 24 hours of notice, so long as it does not unlawfully discriminate or otherwise violate any other County policy adopted by the Board of Supervisors and is in accordance with applicable Memorandum of Understanding (MOU). Typically a 30-day advance written notice to the employee will be issued, except and only in the event of an unanticipated coverage issue of an immediate nature, at which point an employee's work location(s) will be modified, with an advance written notice ranging from 5 days to as little as 24 hours, based on need. No provisions of this Telecommuting Policy or any telecommuting assignment shall be subject to the grievance procedure. Termination of a telecommuting assignment is different than a temporary variance of a telecommuting assignment.
- e. An employee who requests to discontinue a telecommuting assignment may be reassigned to a SWL based on the discretion of the department need and space availability.
- f. The supervisor has authority to require an employee to make a temporary variance to their telecommuting assignment based on the needs of the department. The supervisor will attempt to provide advance notice of such need whenever possible. Any employee initiated temporary variance to an approved AWL must be pre-approved by the supervisor.
- g. Employees with telecommuting assignments agree to protect County assets, information, and information systems and must adhere to County and department policies, in particular those which govern privacy and security requirements, confidentiality, technology, and communications, and those that address permissible uses, prohibited uses, and access and disclosure of equipment, resources, and information. Employees shall have no expectation of privacy when using County systems.



County of Yolo

Administrative Policies and Procedures Manual

TITLE: TELECOMMUTING POLICY	DEPARTMENT: HUMAN RESOURCES
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- h. All County employees are obligated to serve as Disaster Service Workers per California Government Code Section 3100-3109 and pursuant to County policy. In the event of an exigent situation such as the implementation of a public health order or other emergency, the County or your department may direct staff to work at an AWL, effectively instituting a temporary telecommuting assignment or require staff with an existing approved telecommuting assignment to work at their SWL or other location. In such circumstances, emergency procedures will be utilized, and normal policy provisions will be held in abeyance.
 - i. Telecommuting assignments are not automatically transferrable when an employee voluntarily or involuntarily transfers or is promoted to another work unit, division, branch, or department, or in the event of another job change.
- 4. Eligible Employees:** Employees interested in telecommuting must meet the following identified criteria for eligibility:
- a. Receive a rating of at least “Meets Standards” on the most recent performance evaluation;
 - b. Demonstrate the ability to work independently, and ability to develop and successfully meet job-related measurable goals and objectives; and
 - c. Understand that job requirements necessitating presence on the premises or “in-person” contact with other departmental staff and/or the public do not conflict or are hindered by the established telecommuting assignment.
 - d. Establish and maintain an approved **Employee Telecommuting Request Form and Agreement** (see section E. Procedure).
 - e. Employees will be expected to remain in compliance with all MOU, County, and department policies and procedures regardless of their assigned work location.
- 5. Alternative Work Location Approval and Safety Verification:**
- a. Employees requesting a non-County location as an AWL (e.g. a home office workspace) must complete the **Employee Telecommuting Alternative Work Location Approval and Safety Verification Form** which is to be submitted as an attachment to the **Employee Telecommuting Request Form and Agreement**, and will certify that the proposed workspace meets all requirements, including the following:
 - 1) The space is dedicated exclusively for this purpose during work hours.
 - 2) The space is conducive to the employee performing their assigned duties, conducting professional virtual meetings, and maintaining the confidentiality of all protected information.
 - 3) In no event shall clients/customers/members of the public or the like be served in person



County of Yolo

Administrative Policies and Procedures Manual

TITLE: TELECOMMUTING POLICY	DEPARTMENT: HUMAN RESOURCES
TYPE: POLICY & PROCEDURE	DATE: JUNE 15, 2021

at the employee's place of residence. The County shall not be held liable for injuries to third parties and/or members of the employee's family on employee's premises. The County is not liable for damage to the employee's real property.

- 4) A clear understanding of tax implications relating to the home workspace is the sole responsibility of the employee.
 - 5) Employees requesting telecommuting assignments including non-County AWLs are responsible for ensuring compliance with applicable laws, regulations, County and/or department policies and procedures, and health and safety requirements.
 - 6) A visual worksite verification and inspection of a non-County AWL may be required (through methods including in-person, virtual, video, or photographic means) for approval of telecommuting assignment. Inspections may recur as often as deemed appropriate to ensure compliance. Inspections will take place upon reasonable advance notice and will be conducted by a County-designated representative. Suspected lack of compliance / safety, or failure to comply with verification and inspections may result in non-approval of a requested telecommuting assignment, or revision, revocation, or termination of an existing assignment.
 - 7) A work-related injury sustained by employees while telecommuting is subject to worker's compensation law and rules. An employee must notify his/her supervisor immediately and complete all necessary and/or County requested documents regarding the injury.
- 6. Equipment and Supplies:** Subject to budget availability, employees approved for a telecommuting assignment at an AWL may be provided with the necessary equipment and supplies for their position, comparable to what would be provided at their office/cubicle.
- a. If an employee's primary work location is the SWL, a dedicated workspace (e.g. cubicle or office) will be provided. If the primary work location is an AWL (e.g. home office workspace), the employee will utilize a "hotel" workstation when working onsite at their SWL or secondary location onsite.
 - b. One set of equipment will be supplied and documented on the Request Form, and the equipment will reside at the employee's primary work location. Acquisition and delivery of said equipment will be done at the discretion of the department.
 - c. Equipment such as a laptop computer may travel with the employee to their secondary work location.
 - d. An employee's AWL assignment shall not start until all equipment needs have been met and if required, the home office workspace has been virtually inspected and approved.
 - e. The amount allowed for office equipment/supplies, if any, by a department is set by the department head.



County of Yolo

Administrative Policies and Procedures Manual

TITLE: TELECOMMUTING POLICY	DEPARTMENT: HUMAN RESOURCES
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7. Use of County Provided Equipment and Supplies:

- a. Any County supplied equipment or supplies are to be used for County purposes only.
- b. In the event that equipment provided becomes broken or non-functional, employees are required to resume work at their SWL until a remedy is in place.
- c. Employees who separate from employment with the County or discontinue a telecommuting assignment are required to return such assets per the direction of the department. Failure to comply with return of County supplied equipment as requested may lead to disciplinary and/or civil punitive action.
- d. Maintenance, repair, and replacement of County owned equipment issued to employees is the responsibility of the department. In the event of equipment malfunction, the employee must notify their supervisor immediately. Repairs to employee owned equipment is the responsibility of the employee. If repairs will take some time, employees may be asked to report to a different location as directed until the equipment is usable.

8. Technology Support: Technology support for employees working at an AWL is available through the following options, depending on the type of support needed. Employees may bring the equipment, as appropriate, onsite to their SWL location or the location of Yolo County Innovation and Technology Services Department (ITS) staff or may grant remote access to ITS staff to provide virtual support. ITS staff will not travel to non-County AWL (e.g. home office locations) to provide technology support.

9. Additional Support Services: Employees requiring additional support services such as checking out equipment for use at an AWL must coordinate with their supervisor or other established departmental supports and guidelines.

10. Employee Expenses:

- a. Departments will have discretion to determine if reimbursement will be provided towards the purchase of AWL workspace equipment, supplies, or other position specific needs. Any purchases or reimbursement must be pre-approved, and receipts must be provided.
- b. Subject to applicable County and department policies and procedures, and the County Personnel Rules and Regulations, employees who are required by the supervisor to travel to a work location that is different than their SWL or AWL, and are not able to utilize County vehicles, are eligible for mileage reimbursement. This is not inclusive of an employee's travel to or from their SWL or AWL.



County of Yolo

Administrative Policies and Procedures Manual

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E. PROCEDURE

1. **Requesting Telecommuting Assignments:** Eligible employees may request telecommuting assignments in the following manner.
 - a. An employee shall complete an **Employee Telecommuting Request Form and Agreement**, which must include as an attachment a completed **Telecommuting Alternative Work Location Approval and Safety Verification Form**, if applicable. The completed request form shall be submitted to the employee's supervisor for timely review, revision, denial or recommendation of approval.
 - b. If approval of the application is recommended, with or without modifications, the supervisor shall also indicate the budget impact, if any, for AWL equipment, supplies, employee expenses, etc., then forward the request to the department head or their designee for final consideration, revision if applicable, and approval or denial. Departments have the discretion to adjust the routing and approval process further based on their organizational structure and in order to adhere to the guiding principles of the Telecommuting Policy.
 - c. Prior to an employee beginning work under an approved telecommuting assignment, a complete copy of the request shall be forwarded to the departmental HR Generalist as well as the Yolo County Human Resources Department (hr@yolocounty.org) for review to ensure organizational consistency. The Human Resources Department reserves the right to request modifications to an approved telecommuting assignment. The telecommuting agreement will become part of the employee's personnel file.
2. **Initiating and Monitoring Telecommuting Assignments:**
 - a. Regardless of the date of approval, an employee may not begin working a telecommuting assignment until the first day of the upcoming pay period after the associated AWL has been approved, inclusive of all necessary supplies, equipment, inspections, and verifications.
 - b. Any approved telecommuting assignment shall be discussed between the employee and the supervisor at the time of the initial request, and shall be reviewed/renewed at least annually, and in the event of a major job change (such as a promotion), or whenever the employee or supervisor positions change, upon any change to the employee's schedule or work location that affects the existing assignment.
 - c. The employee and the supervisor shall determine an appropriate means for reporting work assignments that are completed while telecommuting. Reference the New Normal Guide for further assistance. Contact the Human Resources Workforce Development Team for additional resources that may be available. Supervisors shall be responsible for maintaining program evaluation and performance measurement information for each telecommuting employee, and this information may be requested by the Human Resources Department on a periodic basis.



County of Yolo

Administrative Policies and Procedures Manual

TITLE: TELECOMMUTING POLICY	DEPARTMENT: HUMAN RESOURCES
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3. Changes to a Telecommuting Assignment: An employee requesting a change to an existing telecommuting assignment, including termination, shall submit an updated **Employee Telecommuting Request Form and Agreement** including appropriate information and following the applicable process outlined in **sections E.1. and E.2.** above.

4. Termination of a Telecommuting Assignment:

a. The department head or their designee, may terminate an employee's telecommuting assignment at any time, with or without cause, as detailed in **section D.3.d.** above. Typically a 30-day advance written notice to the employee will be granted, except and only in the event of an unanticipated coverage issue of an immediate nature, at which point an employee's work location(s) will be modified, with an advance written notice ranging from 5 days to as little as 24 hours, based on need. Termination of a telecommuting assignment is different than a temporary variance of a telecommuting assignment.

b. If a telecommuting assignment is being terminated due to discipline or performance issues the criteria below will be considered:

- Minor and/or Major discipline received in the last 12 months as defined in the applicable MOU with the bargaining units where a telecommuting assignment may impact an employee's ability to perform.
 - An overall "1" rated evaluation where the telecommuting assignment may impact an employee's ability to perform.
 - Being placed on sick leave verification; and/or where the telecommuting assignment may impede performance.
 - Being placed on a performance improvement plan within the last 12 months where a telecommuting assignment may impede performance.
- c. At the termination of a telecommuting assignment, all non-County AWL coordination and return of all provided equipment and supplies shall occur as directed by the department.

5. Reapplying for a Telecommuting Assignment following Termination:

- a. An employee whose telecommuting assignment was terminated due to minor and/or major discipline as defined above may reapply after at least one year (12 months) from the effective date of the disciplinary action.
- b. An employee whose telecommuting assignment was terminated due to an overall "1" rated evaluation, sick leave verification, or performance improvement plan may reapply after at least six months (6 months) from the effective date of the action.

**Exhibit A:
Employee Telecommuting Request Form
and Agreement**



COUNTY OF YOLO

Employee Telecommuting Request Form and Agreement

Use this form to request a telecommuting assignment at an alternative work location. Pay special attention to the agreements and verifications included as part of this process which is guided by the Yolo County Telecommuting Policy and Procedure, in addition to departmental requirements, if applicable. It is important to know that telecommuting assignments are not a viable option for every department nor for every employee in every position. An approved telecommuting assignment is an arrangement between the department, the supervisor, and the employee. After discussing your options with your supervisor, complete the following form to request approval.

EMPLOYEE INFORMATION

Date:

Department:

Employee Name:

Job Class/Title:

County Email:

Contact Phone:

Supervisor Name:

Current Standard Work Location (SWL) Address:

Current Alternative Work Location (AWL) Address, if applicable:

Request Purpose: New Reapplication Change or Discontinue Review

PROPOSED ALTERNATIVE WORK LOCATION

Instructions: Complete the following section regarding your proposed AWL.

Proposed Alternative Work Location (AWL) Address:

Select One: Primary Work Location Secondary Work Location

This is a non-County AWL and a complete *Employee Telecommuting Alternative Work Location Approval and Safety Verification Form* is attached.

Yolo County Employee Telecommuting Request Form and Agreement

TECHNOLOGY, EQUIPMENT, AND SUPPLIES

Instructions: Complete the following section to identify the technology, equipment, and supplies needed for your proposed alternative work location.

Telecom Needs: County Desk Phone County Mitel MiCollab Client (*use with mobile devices*)
 Microsoft Teams Mobile Device Headset / Hands-free Device
 Other:

Network Access Needs: Citrix VPN / Remote Desktop Office 365 Work Offline
 Other:

Computer Equipment Needs: Desktop Computer Laptop 2nd Monitor

Cords, Connectors, etc. (specify below):

Other Accessories, e.g. mic, speakers, mouse, keyboard, assistive devices, etc. (specify below):

Software, (specify below):

Hardware, e.g. scanner, printer, tablet, machine, etc. (specify below):

Services, e.g. internet, Wi-Fi, hotspot, etc. (specify below):

Workspace Needs: Desk Standing Workstation Desk Chair Secure Storage

Office Supplies Starter Kit Other Supplies or Specialty Items (specify below):

List any other needs required for your alternative work location.

Describe acquisition and delivery method for any identified needs, if different from the department's standard method:

Yolo County Employee Telecommuting Request Form and Agreement

PROPOSED SCHEDULE

Instructions: Fill out the section below identifying your proposed telecommuting assignment for a 2-week pay period. Complete only what is necessary to reflect your AWL type. For Split-Day AWL assignments, additional location and schedule blocks have been provided. Use the "Comments/Notes" section to add details or further explain. Total hours worked and daily start/end times must match your approved work schedule. Remember, all telecommuting assignments begin on the first day of a pay period, regardless of assignment approval date.

AWL Type: Fixed Flexible Split-Day Other: (add comments/notes below)

Proposed Telecommuting Assignment Schedule:

WEEK 1 SCHEDULE							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Location:							
Start Time:							
End Time:							
Location:							
Start Time:							
End Time:							
Location:							
Start Time:							
End Time:							
Lunch Break:							
Total Hours:							

Week 1 Total Hours Worked:

WEEK 2 SCHEDULE							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Location:							
Start Time:							
End Time:							
Location:							
Start Time:							
End Time:							
Location:							
Start Time:							
End Time:							
Lunch Break:							
Total Hours:							

Week 2 Total Hours Worked:

Comments / Notes:

Yolo County Employee Telecommuting Request Form and Agreement

TELECOMMUTING AGREEMENT

Instructions: Review and initial each of the following statements. Discuss with your supervisors any questions or concerns you may have and refer to the Yolo County Telecommuting Policy and Procedure for full details.

- Initial I have reviewed and understand the [Yolo County Telecommuting Policy and Procedure](#) on (Enter Date Reviewed):_____.
- Initial My proposed telecommuting assignment adheres to the guiding principles outlined in the Telecommuting Policy and Procedure.
- Initial I understand that any telecommuting assignment is subject to the terms and conditions outlined in the Yolo County Telecommuting Policy and Procedure.
- Initial I am eligible for a telecommuting assignment as outlined in the Yolo County Telecommuting Policy and Procedure, in addition to department specific criteria / business needs.
- Initial If applicable, an Alternative Work Location Approval and Safety Verification form has been completed and attached to this request, and I will comply with all rules and safety requirements.
- Initial I understand the Yolo County Telecommuting Policy and Procedure as applies to the use of County provided equipment and supplies, technology support, additional support services, and employee expenses.
- Initial I have discussed this telecommuting assignment with my supervisor and understand that this form and agreement shall be reviewed/renewed at least annually, and in the event of a job, location, or schedule change that affects the existing assignment.
- Initial I understand that my supervisor and I shall determine an appropriate means for communication and reporting work assignments that are completed while telecommuting.

OTHER FORMS / ATTACHMENTS / ADDENDUMS

- : Employee Telecommuting Alternative Work Location Approval and Safety Verification Form
- : Department Specific Addendums (list):

Yolo County Employee Telecommuting Request Form and Agreement

EMPLOYEE CERTIFICATION

I certify that I have read, understand, and will abide by the Yolo County Employee Telecommuting Policy and Procedure, in addition to those set forth in this form and any attachments.

Employee Signature ↑

Date ↑

Next Step: Submit signed request form to your supervisor for review and discussion.

SUPERVISOR CERTIFICATION

Comments:

Budget Impact:

Approved: Yes No

Supervisor Signature ↑

Date ↑

Next Step: Ensure form is complete including any applicable attachments or supporting documentation. Sign and submit approved telecommuting assignment request to your Department Head (or designee / process if applicable).

DEPARTMENT HEAD CERTIFICATION

Comments:

Approved: Yes No

Department Head or Designee Signature ↑

Date ↑

Next Step: Sign and submit a copy of the approved telecommuting assignment request to your departmental HR Generalist.

Exhibit B:
Employee Telecommuting Alternative
Work Location Approval and Safety
Verification Form



COUNTY OF YOLO

Employee Telecommuting Alternative Work Location Approval and Safety Verification Form

This form is to be completed as an attachment to the Employee Telecommuting Request Form and Agreement wherein a non-County Alternative Work Location (AWL) is proposed. Use this form to establish and certify that the proposed AWL meets all requirements outlined in the Yolo County Telecommuting Policy and Procedure. Complete the following sections and attach this form to your applicable telecommuting assignment request.

EMPLOYEE AND PROPOSED AWL INFORMATION

Proposed AWL Address:

Employee Name:

Department:

Job Class/Title:

County Email:

Contact Phone:

Supervisor Name:

↓ This section to be completed by the Employee requesting approval of an AWL as part of a telecommuting assignment request. ↓

PROPOSED AWL ACKNOWLEDGEMENTS AND REVIEW

Instructions: Complete the section below. Your proposed AWL may be subject to inspection.

Please describe the AWL space in which telework is to be conducted.

Click or tap here to enter text.

- Have you read and do you understand the Yolo County Telecommuting Policy and Procedure? Yes No
- Will County equipment be secured in your home when you are not on site? Yes No
- Will any personal devices ever be connected to your County computer and/or docking station? If yes, describe: Yes No
- Do you take home and/or store physical copies of documents containing confidential information? Yes No
- Does the internet connection at this worksite use a wireless/Wi-Fi router? If so, is it encrypted and password protected? Yes No
- Is your computer screen(s) visible or can it otherwise be observed by unauthorized individuals when working with confidential information? Yes No

Employee Telecommuting Alternative Work Location Approval and Safety Verification Form

Proposed AWL Address:

Employee Name:

Department:

- Can conversations involving confidential information, such as a customer/client/vendor phone call, be heard by anyone other than yourself while you work? Yes No
- Do you understand and agree to be responsible for ensuring compliance with applicable laws, regulations, County and/or department policies and procedures, and health and safety requirements as pertains to the proposed AWL? Yes No
- Because work-related injuries sustain while telecommuting may be subject to worker's compensation law and rules, do you agree to:
 - In the event of a life-threatening injury call 911; and/or
 - Notify your supervisor immediately and complete all necessary and/or County requested documents regarding the injury? Yes No
- Do you acknowledge and agree to a visual worksite verification and inspection of a non-County AWL (through methods including in-person, virtual, video, or photographic means) for approval of telecommuting assignment? Further, do you understand that:
 - Inspections may recur as often as deemed appropriate to ensure compliance,
 - Inspections will take place upon reasonable advance notice and will be conducted by a County-designated representative, and
 - Suspected lack of compliance / safety, or failure to comply with verification and inspections may result in non-approval of a requested telecommuting assignment, or revision, revocation, or termination of an existing assignment. Yes No

EMPLOYEE SELF-CERTIFICATION OF AWL INSPECTION

Instructions: Employee shall use the checklist below to confirm that their workspace meets the requirements for approval as an AWL. Check the box next to each statement to certify it as true and attach pictures or video support as described below.

Workplace Safety and Security Evaluation:

- Telecommuter has been provided with a copy of the [Yolo County Administrative Policy and Procedures: Drug & Alcohol Policy and Testing Procedure](#).
- Telecommuter has been provided with a copy of [Yolo County Administrative Policy and Procedures: Workplace Security and Safety Policy](#).

Emergency Preparedness Evaluation:

- Emergency phone numbers (hospital, fire department, police department) are posted at the alternate work site.
- A first aid kit is easily accessible and replenished as needed.
- Portable fire extinguishers are easily accessible and in working condition.

Ergonomic Evaluation:

- Desk, chair, computer, and other equipment are comfortable to use and to do not strain any part of the body.

Employee Telecommuting Alternative Work Location Approval and Safety Verification Form

Proposed AWL Address:

Employee Name:

Department:

Workspace Evaluation:

- Telecommuter has a separate, clearly defined workspace that is kept clean and orderly, and is not used for other purposes.
- The work area is adequately illuminated with lighting directed toward the side or behind the line of vision, not in front or above it.
- Exits are free of obstructions.
- Supplies and equipment (both departmental and employee-owned) are in good condition.
- The work area is well ventilated and heated.
- Storage is organized to minimize risks of fire and spontaneous combustion.
- All extension cords have a grounding conductor.
- Exposed or frayed wiring and cords are repaired or replaced immediately upon detection.
- Electrical enclosures (switches, outlets, receptacles, and junction boxes) have tight fitting covers or plates.
- Surge protectors are used for computers, fax machine, and printers.
- Heavy items are securely placed on sturdy stands close to walls.
- Computer components are kept out of direct sunlight and away from heaters.

Visual Workplace Inspection – Attach / Upload Files:

Attach image or video files of your AWL workplace and the immediate surrounding area to your Employee Telecommuting Alternative Work Location Approval and Safety Verification Form. Be sure to show all the following items, if applicable.

- Your Desk
- Your Chair
- Computer/ Laptop
- Monitors/ Screens
- Other Equipment/ Hardware



You are encouraged to use the "Upload Attachments" button to add your inspection files directly to this .pdf form. (In Adobe Acrobat Reader, look under the "📎" icon on the left side panel to see all uploaded attachments). You may also include the files as separate attachments sent via email or as hard copies with your completed request form.

Comments:

EMPLOYEE CERTIFICATION

I certify that I have read, understand, and will abide by the Yolo County Employee Telecommuting Policy and Procedure, in addition to those set forth in this form and any attachments.

Employee Signature ↑

Date ↑

Next Step: Attached this signed and completed form to your Yolo County Employee Telecommuting Request Form and Agreement.

Employee Telecommuting Alternative Work Location Approval and Safety Verification Form

Proposed AWL Address:

Employee Name:

Department:



This section to be completed by the County-designated Representative reviewing the AWL inspection.



COUNTY-DESIGNATED REPRESENTATIVE CERTIFICATION

Name of County-designated Representative:

Date of Review:

Inspection Method (e.g. in-person, virtual, video, or photographic, etc.):

Comments / Findings / Recommendations:

Is this AWL Approved? Yes No

I acknowledge that I conducted the inspection of this AWL as part of the Yolo County Telecommuting Policy and Procedure requirement and initiated appropriate corrective actions for any deficiencies identified, if applicable.

County-designated Representative Signature ↑

Date ↑

Next Step: Sign and submit a copy of this approved form to the requesting employee AND their supervisor.