
TELEWORK PARTICIPATION

FORMS AND INFORMATION



The following Telework forms, checklists, and considerations are attachments to the DGS Telework Policy and are required for participation in DGS Telework.

ATTACHMENTS

This document contains the forms and information necessary for Teleworking at DGS.

- Required - Telework Arrangement – Attachment A

- Required - Safety Checklist/Acknowledgement – Attachment B

- Required - Supervisor’s Checklist – Attachment C

Informational Work Environment Criteria – Attachment D

Informational Considerations for Selecting Teleworkers – Attachment E

Informational Setting Up An In-home Office – Attachment F

Informational Glossary of Terms – Attachment G

Informational Department Telework Contacts – Attachment H

DGS TELEWORK PROGRAM – Telework Arrangement

ATTACHMENT A

REQUIRED

Teleworker Name: _____

Office/Branch: _____

Telework Location:

Main Office: _____
Location (Street Address)

(Street Address) (City) (Apt#)

(City)

(Telephone) (E-mail)

(Supervisor/Manager Name)

This is my residence

This is a State telework center or satellite office

(Supervisor/Manager Telephone)

Other location (identify) _____

(Supervisor/Manager E-mail)

Telework Schedule: (Check One) Temporary Regular

| | | | | | | |
|--|----------------------------|-----------------------------|----------------------------|-----------------------------|---|----------------------------|
| Permission is required for each telework day. Check regular work days & note start and finish of work hours. | | | | | | |
| <input type="checkbox"/> <u>Weekly basis:</u> <input type="checkbox"/> <u>Monthly basis:</u> | | | | | (Indicate work dates and hours here, if not covered in table) | |
| Days | M <input type="checkbox"/> | Tu <input type="checkbox"/> | W <input type="checkbox"/> | Th <input type="checkbox"/> | | F <input type="checkbox"/> |
| Hours: (start) | | | | | | |
| To: (finish) | _____ | _____ | _____ | _____ | _____ | |

State Assets to be Used at Remote Work Site:

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

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

Signed: (Teleworker Signature) _____ (Date) _____

(Manager/Supervisor Signature) _____ (Date) _____

(Office Chief Signature) _____ (Date) _____

ATTACHMENT A

REQUIRED

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

- Supervisors must approve in advance the use of sick leave, vacation, time off, or other leave credits, as well as any overtime work.
- The employee is only to be called into the office on regular telework days when necessary to meet operational needs. The manager should provide reasonable notice whenever possible. The employee, however, may be required to report to the office without advance notice.

The Department will pay for the following expenses related to telework:

- ▶ Charges for business related telephone calls.
- ▶ Authorized business expenses.
- ▶ Maintenance and repairs to DGS owned equipment.

The teleworker must return department-owned equipment to DGS for maintenance and repair.

Teleworkers will submit claims on a Travel Expense Claim along with receipts, bills or other verification of expenses.

The Department will not pay for the following expenses:

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

Additionally:

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

This arrangement expires in one year and must be renewed to continue participation in the DGS telework program.

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

DGS TELEWORK PROGRAM – Safety Checklist/Acknowledgement

ATTACHMENT B

REQUIRED

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

I. Electrical

Yes No

- | | | |
|---|--------------------------|--------------------------|
| A. All electrical outlets in the work area are permanent in nature and properly grounded. | <input type="checkbox"/> | <input type="checkbox"/> |
| B. There is an adequate number of electrical outlets to support equipment in the work area. | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Electrical cords are not frayed or otherwise damaged. | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Extension cords are not being used as a permanent source of electricity. | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Electrical equipment and tools are properly maintained. | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Computers, peripheral equipment, and fax machines are connected to surge protectors to guard against damage from power surges. | <input type="checkbox"/> | <input type="checkbox"/> |

II. Fire Protection

Yes No

- | | | |
|---|--------------------------|--------------------------|
| A. Smoke Detector | | |
| 1. There is a smoke detector placed in a location near the work area and any equipment used to support teleworking. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Underwriter's Laboratory (UL) and/or the State Fire Marshall approve the smoke detector, and it has a function test mechanism. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Smoke detector(s) have been tested at the time of installation and will continue to be tested on a monthly basis. | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Fire Extinguisher | | |
| 1. A 2A10BC fire extinguisher is required. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. The fire extinguisher is fully charged. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. The fire extinguisher is within 10 feet of the electronic teleworking equipment and easily accessible to the teleworker. | <input type="checkbox"/> | <input type="checkbox"/> |

III. Emergency Procedures

Yes No

- | | | |
|--|--------------------------|--------------------------|
| A. There is an evacuation plan. | <input type="checkbox"/> | <input type="checkbox"/> |
| B. There is more than one way out of the work area (e.g., doors/ windows). | <input type="checkbox"/> | <input type="checkbox"/> |
| C. A first aid kit is on site. | <input type="checkbox"/> | <input type="checkbox"/> |

IV. Environment

Yes No

- | | | |
|---|--------------------------|--------------------------|
| A. The work area is free of tripping hazards and is uncluttered. | <input type="checkbox"/> | <input type="checkbox"/> |
| B. All equipment is adequately supported and free from the danger of falling. | <input type="checkbox"/> | <input type="checkbox"/> |
| C. The work area has adequate lighting. | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Potentially hazardous chemicals are not stored in, or around, the work area. | <input type="checkbox"/> | <input type="checkbox"/> |

Continued

ATTACHMENT B

REQUIRED

V. Work Station Arrangement

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

A. Positioning When Seated

Yes No

- | | | |
|---|--------------------------|--------------------------|
| 1. Are your forearms and wrists parallel to the floor and upper arms resting at your sides when positioned at the keyboard or work surface? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are your thighs parallel to the floor? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are your feet supported? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is there at least 2 inches of clearance between your thighs and the working surface? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is there space, approximately the size of a fist, between the edge of the seatpan and the back of your knees? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is the top of the monitor at a comfortable height (<i>i.e. no tilting of the head back or downward</i>)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Is the monitor screen at a comfortable distance from your eyes when in use (<i>i.e. you don't have to lean forward or backward to see the text on the screen</i>)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Does your head and neck rest in a neutral position (<i>i.e. facing forward, chin slightly down, shoulders relaxed</i>)? | <input type="checkbox"/> | <input type="checkbox"/> |

B. Chair Adjustment

Yes No

- | | | |
|--|--------------------------|--------------------------|
| 1. Is the height of the chair adjusted to allow you to sit in a neutral position (<i>see your safety officer for a definition of this position</i>)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is the backrest of your chair supporting the curve of your lower back so that your spine is slightly arched? | <input type="checkbox"/> | <input type="checkbox"/> |

C. Foot Support

Yes No

- | | | |
|---|--------------------------|--------------------------|
| 1. Are your feet comfortably on the floor or a footrest? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. If a footrest is used, does it allow you to sit in a correct neutral position at your work station? (<i>skip to D if a footrest is not used</i>) | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is the footrest non-restrictive to allow for leg movement and easily removable? | <input type="checkbox"/> | <input type="checkbox"/> |

D. Video Display Terminal (VDT) Screen/ Monitor

Yes No

- | | | |
|---|--------------------------|--------------------------|
| 1. Is your monitor placed to avoid glare caused by light sources? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is your screen angle and/or brightness and contrast controls adjusted to reduce glare? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is your screen clean and free from dust and smudges? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is your screen adjusted for good image contrast and brightness? | <input type="checkbox"/> | <input type="checkbox"/> |

Continued

ATTACHMENT B

REQUIRED

V. Work Station Arrangement (Continued)

| E. Workspace Arrangement | Yes | No |
|--|--------------------------|--------------------------|
| 1. Are materials and equipment accessed and/or used frequently typically positioned/placed within 16" of reach (comfort zone)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are materials and equipment accessed and/or used less frequently typically positioned/placed within 16" to 24" of reach (secondary zone)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are frequently used materials/equipment positioned so harmful postures and motions are eliminated? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are documents placed in the same visual plane as the screen face to reduce back and forth neck motions? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is the telephone placed within proper reach on side opposite from the writing hand (i.e., on the left side if right handed)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are most of your reaching motions below shoulder height and/or above knee height? | <input type="checkbox"/> | <input type="checkbox"/> |

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

VI. Acknowledgement

Since the State is ultimately responsible for insuring that employees have a safe work environment under Cal-OSHA (C.L.C. Section 6401.7(a)2), DGS may require a quarterly safety inspection of a teleworker's home office space. If warranted, DGS will provide 48 hour notice to the employee, except in the case of an emergency.

Also in accordance with Cal-OSHA requirements, acknowledgement of home office safety will be required on a quarterly basis. This acknowledgement is for:

- 1st Quarter of 20__ 2nd Quarter of 20__ 3rd Quarter of 20__ 4th Quarter of 20__

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

Employee's Signature

Date

Supervisor's Signature

Date

DGS TELEWORK PROGRAM – Supervisor’s Checklist

ATTACHMENT C

REQUIRED

Teleworker Name: _____ **Office/Branch:** _____

Date: _____

Teleworker’s Telephone at Telework site: _____

Teleworker’s Schedule: Temporary Regular

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

- You and the employee have read the DGS Telework Program Policy and Procedures including Attachments D, E, and F.
- You have documented DGS issued telework equipment. The employee has received, and clearly understands, the requirements for care of DGS equipment.
- You have discussed performance expectations with employee, and employee clearly understands them, including arranging vacations and time off.
- If using employee provided computing equipment and software, you have conferred with the OTC, and determined compatibility with DGS IT standards.
- You have discussed the conditions and procedure for terminating telework with the employee prior to telework.
- The employee is not using telework for dependent care.
- You and the employee have read and signed the Telework Arrangement.
- The employee is familiar with information provided in the *DGS information Security Policies and Procedures Manual*.
- You have discussed workspace arrangements with employee. The employee has provided adequate and safe office space, in accordance with the DGS Telework Policy and Procedures.
- Employee telework phone or e-mail contact procedures have been clearly defined, and appropriate unit staff and receptionist have received instructions.
- You have contacted the Office Telework Coordinator when you provide information technology equipment and/or services.
- You and the employee have read and signed the Safety Checklist/Acknowledgement prior to participation in telework.
- You have retained a copy of the signed Telework Arrangement, Safety Checklist/ Acknowledgement and Supervisor Checklist for the duration of the employee's telework.

Print Supervisor's Name: _____

Supervisor’s Signature: _____ **Date** _____

The following items must be completed when the employee ends teleworking:

- Employee has returned all equipment listed in the Telework Arrangement in working condition.
- ITSD has been noticed to terminate any remote access specific to the Telework Arrangement.

Supervisor’s Signature: _____ **Date** _____

ATTACHMENT D

DGS offers the opportunity to participate in a telework program with the understanding that the teleworker is responsible for:

1. Establishing and maintaining an acceptable office environment, as outlined in Attachment F, “Setting Up An In-home Office,” of the DGS Telework Program Policy and Procedures.

Potential locations for this office:

- Home Based: working in a space specifically set aside as an office (whether temporarily or permanently) in an employee’s residence.
 - Telecenter: working in an office near the employee’s residence established specifically for teleworking.
 - Satellite Work Center: working in a DGS-owned or leased facility not assigned to the employee’s main office.
-

2. Designating a work area that allows work to take place in an office setting.

- The equipment necessary to perform work must be in the designated area.

This equipment can range from a working surface (desk or table), paper, pencil, to a residential telephone line, computer, printer, fax, and dedicated telephone line, depending on defined telework tasks.

3. Arranging household responsibilities to avoid interference with work time, if working at home.

- The teleworker must have dependent care arrangements to ensure a productive work environment.
 - Telework is not intended to be a substitute for day or dependent care.
 - Use of any leave credits to attend to family or home matters during in-home office hours must be pre-approved by the teleworker’s supervisor.
-

4. Being available to the supervisor or manager during telework hours, either by telephone or e-mail.
-

5. Ensuring his or her telework office is a safe place to work, regardless of whether it is home-based, a telecenter or a satellite work center.

- We outline safety requirements in Attachment B, “Safety Checklist/ Acknowledgement,” and Attachment F, “Setting up an In-home Office,” of the DGS Telework Program Policy and Procedures.
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DGS TELEWORK PROGRAM – Considerations for Selecting Teleworkers

ATTACHMENT E

Many DGS jobs contain tasks suitable for teleworking. Tasks that can be successfully managed in telework programs are those where the employee works independently handling information, including writing, reading, analyzing, telephoning, computer work and data entry.

The following considerations should be explored:

| | |
|---------------------------------|--|
| Permanent status | Has the employee requesting telework attained permanent status? Probationary employees or those on a limited-term appointment are also eligible if they have prior permanent status. |
| Job knowledge | Does the employee have the necessary knowledge to perform the required job tasks away from the office, or require input from others in the main office? |
| Public/ agency contacts | What portion of the employee's job is devoted to face-to-face contact with other agencies, the public or internal staff? Are there alternatives to needing this contact? Can this contact be structured to allow for communication via phone or computer, and if not, can it be redirected to the employee's planned non-teleworking days? |
| Reference material | What portion of the employee's job requires the use of reference materials or resources located in the main office? Are these resources portable and able to be temporarily removed without interfering with the job performance of co-workers? Or are these resources available off-site through other means such as the Internet or a local library? |
| Use of computers | Will the employee's computer resources and software meet DGS IT standards and allow for required productivity? Are there remote access hardware limitations? Does the Office have available resources to supply the employee with computing equipment? |
| Special equipment | What portion of the employee's job relies on access to photocopiers, fax capabilities or other specialized equipment? Can access needs be met on non-telework days or can these needs be serviced by a facility near the employee's telework office? |
| Information security | What portion of the employee's job uses confidential information? Can the integrity of this information be secured in accordance with information security policies if taken or accessed off-site? |
| Task scheduling | Can a variety of tasks, that do not require information or equipment from the main office, be grouped and scheduled as telework? Can staff meetings and conferences be grouped and scheduled for non-telework days or accommodated with teleconferencing? |
| Travel | Does the employees' job involve fieldwork? Can trips begin or end at the employee's telework office rather than at the main office? Can associated paperwork be done away from the main office? |
| Employee characteristics | Is the employee reliable, responsible, self-directed and able to work independently in performing his or her work duties? Has the employee demonstrated the ability to establish priorities and manage his or her time? Does the employee require close supervision? |

ATTACHMENT F

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

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

| | |
|--------------------------------------|--|
| Desk | <p>Your desk should be sturdy and able to handle the weight of any peripheral equipment (computers, printers, faxes machines, and telephones).</p> <ul style="list-style-type: none">▪ Conventional desks are typically 29 inches high.▪ Computing surfaces are usually 26 inches high. |
| Chair | <p>Your seat should be adjustable, including the headrest.</p> <ul style="list-style-type: none">▪ Height of top of seat to floor should be between 15 and 25 inches.▪ Back tilt on chair/lumbar support should be 15 degrees. |
| Lighting | <p>Your work lighting should be directed toward the side or behind the line of vision.</p> <ul style="list-style-type: none">▪ Bright light sources can bounce off working surfaces and diminish the sense of contrast.▪ Northern daylight is optimal for both the office and operating a computer. |
| Electricity | <p>You should have enough electrical outlets in the room to avoid overloading any circuits. If necessary consult your local power utility.</p> <ol style="list-style-type: none">1. To avoid tripping hazard, cover interconnecting cables or place them out of the way.2. Use a surge protector/master switch to connect electronic equipment, such as computers, monitors, printers, and fax machines.3. Position equipment close to electrical outlets.4. Make sure electrical outlets are grounded. |
| Noise | <p>You should avoid or keep distracting sounds to a minimum, such as the television or outside traffic or lawn mower sounds.</p> <ul style="list-style-type: none">▪ Diffuse unavoidable noise by shutting a door or using a room divider.▪ Use soft background music to keep productivity up and reduce boredom.▪ Note: no noise can be just as stressful as too much noise. |
| Protecting data and equipment | <p>You must prevent costly computer breakdowns and the loss of crucial data by following these computer safeguards:</p> <ol style="list-style-type: none">1. Position Equipment away from direct sunlight or heat sources.2. Place equipment on well-ventilated surfaces and provide for sufficient air space around them.3. Dust office space regularly.4. Do not eat or drink near valuable equipment.5. Never place food or beverages on your computer equipment, even temporarily.6. Do not touch unprotected floppy diskette or compact disk (CD) surfaces, set heavy objects on them, or expose them to heat, dirt, smoke or moisture.7. Keep all magnets, telephones, fluorescent lamps and electric motors away from computer equipment, floppy diskettes, and portable storage devices. |
| Safety | <p>Review the “Safety Checklist/Acknowledgement,” Attachment B.</p> |

ATTACHMENT G

The following definitions can assist you in participating in the Telework program. Not all terms provided here appear in this policy.

Main Office: the DGS location to which an employee is assigned.

Dependent Care: care giving for infants, toddlers, preschoolers, school-aged children, adults and elderly adults who require constant supervision. Prohibited in DGS Telework.

Gross Negligence: the deliberate inattention and failure to exercise the care that a prudent person usually exercises and the reckless disregard of the consequences affecting the life or property of another.

Home Office: an area designated within the employee's home for the purpose of performing DGS work.

LAN (Local Area Network): a group of computers and peripheral equipment (such as printers and scanners) connected by a communications link that enables a network device to interact with any other device on the network.

Remote Access: the connection of a personal or DGS computer from an off-site location to a DGS LAN. The OTC and OTR staff will determine the method of access.

Security Protection Password: a means for preventing unauthorized access to the DGS LAN during Logon.

Telecommuting: to work away from the main office by the use of an electronic linkup with a main office. Term is used interchangeably with telework.

Teleconferencing: holding a conference among people remote from one another by means of telecommunication devices (e.g. telephones or computer terminals).

Telework: an off-site arrangement permitting employees to work in or near their homes, or an alternate worksite, for all or part of their work schedule. Telework is an umbrella concept encompassing the terms *telecommuting*, *teleconferencing*, and *videoconferencing*, and is related to *alternative officing* and the *virtual office*.

Telework Schedules:

- **Temporary:** a *temporary* or *limited* telework arrangement to accommodate: 1) convalescence from an injury or illness, 2) a recovering family member in need of limited in-home assistance, 3) the last weeks of pregnancy, and/or following childbirth, 4) an inaccessible main office, 5) blocked commute routes (i.e., major road construction, storm, or a disaster) 6) special project work requiring an extended period of non-interruptible time.
- **Regular:** an established telework schedule of days per week or month that centers on the needs of DGS.

Teleworker: an employee that teleworks.

Videoconferencing: a conference among people at remote locations by means of transmitted audio and video signals.

Virtual Office: a technology based option for working away from the main office.

Virtual Connection: a web-based computer connection to remote computing resources.

ATTACHMENT H

This is a list of department contacts and resources for Telework at DGS:

CONTACTS:

OTR Call Center

- Helpdesk computer assistance – 916-375-HELP (4357)
 - Email: OTRCallCenter@dgs.ca.gov

Information Security

- DGS Information Security Officer (ISO) – 916-376-3940
 - Email: InfoSecurity@dgs.ca.gov

Office of Human Resources

- Labor Relations Manager – 916-376-5384

Office of Risk and Insurance Management

- Safety Officer – 916-376-5287

Business Service Office - Telecommunications

- BSO Telecommunications Coordinator - 916-376-5329
-

RESOURCES:

Computer Users Guide to an Ergonomic Workstation

- <http://www.documents.dgs.ca.gov/dgs/telework/dpahandb.pdf>

DGS Information Standards

- <http://itsd.dgs.ca.gov>

DGS Manual

- [http://orpm.dgs.ca.gov/dept manual/main.asp](http://orpm.dgs.ca.gov/dept%20manual/main.asp)

DGS Administrative Orders

- <http://msd.dgs.ca.gov/AO.htm>

State Administrative Manual and Management Memos

- <http://sam.dgs.ca.gov>
-