



**DEPARTMENT OF CORRECTIONS**  
**Human Resources**



<b>Title:</b>	<b>Telework (Telecommuting)</b>	<b>DOC Policy: 20.5.6</b>
<b>Supersedes:</b>	<b>DOC Policy 20.5.6, Telework (Telecommuting), dated 3-1-01</b>	
<b>Applicability:</b>	<b>Classified (where not in conflict with collective bargaining agreements), management service, executive service, unclassified unrepresented, and temporary employees (where not in conflict with collective bargaining agreements).</b>	
<b>Reference:</b>	<b>State Policy 50.050.01</b>	
<b>Attachments:</b>		

## **I. PURPOSE**

To provide specific criteria and procedures for telework for consistency throughout the department to promote increased productivity and morale of employees, boost efficiency in the use of space, and reduce operational costs.

## **II. DEFINITIONS**

- A. Central worksite: The traditional office or workplace.
- B. Telework site: A worksite alternative to the central worksite. It may be in the employee's home or in a building owned or leased by the state that is closer to the employee's home than the central worksite.
- C. Telework: Also known as telecommuting, is a mutual agreed upon work option between the Department of Corrections and the employee in which the employee performs work at a tele-worksit on specified day and at the central worksite the remainder of the time retaining flexibility as necessary to meet the needs of the work unit.

## **III. POLICY**

- A. It is the policy of the Department of Corrections to allow telework when opportunities exist for improved employee performance, reduced commuting miles or Department savings in meeting Department goals and customer needs.
  - 1. Telework shall be voluntary.
  - 2. An employee who wants to telework shall discuss the request with his or her supervisor.
  - 3. The supervisor shall consider the employee's request to telework in relation to the Department's operating and customer needs.

The cost of supporting the teleworker, i.e. supplies, equipment, phone costs, etc., must be reasonable in comparison to the amount of commuting miles saved.

4. The employee shall submit a "Telework Application" (Attachment A) to their supervisor to request telework.
5. The employees work habits and performance shall be reviewed to determine if the employee is well suited to telework.
6. The supervisor shall complete a preliminary review of the application and then it shall be submitted to ISSD for their review and approval. The supervisor at that time may approve or deny the request to telework. If denied, the employee may request reconsideration with the assistant director of the division for a final determination.
7. The employee and the supervisor shall complete, sign and abide by a "Teleworking Agreement" (Attachment B).
8. The original, "Telework Application" (Attachment A), "Teleworking Agreement" (Attachment B), and "Telework Office Checklist" (Attachment C) are to be sent to DOC Personnel Records. The supervisor shall maintain copies of all attachments and provide copies to the employee.
9. In case of injury, illness, theft, loss, or tort liability related to telework, the teleworker must allow agents of the Department of Corrections to investigate and/or inspect the telework site. Reasonable notice of inspection and/or investigation will be given to the teleworker.
10. Teleworkers and their supervisor shall view a self-instruction video on teleworking prior to implementing a telework arrangement. Videos are available from the Training Section or the assigned Human Resource Consultant.

#### B. Terms of Employment

1. Telework is not an employee right. Unless otherwise provided in a Telework Agreement, either the supervisor or the employee may discontinue the arrangements at any time, generally giving one week's notice, or notice as stipulated in the Telework Agreement.
2. The telework agreement shall specify individual work schedules that are in compliance with FLSA regulations in accordance with HRSD State Policy 20.005.20, DOC Policy 20.2.4, and applicable collective bargaining agreements.

3. The teleworker's conditions of employment shall remain the same as for non-teleworker employees. Employee salary, benefits, and employer-sponsored insurance coverage shall not change as a result of telework.
4. Teleworkers shall not act as primary care giver for dependents or perform other personal business during hours agreed upon as work hours.
5. Telework shall not adversely affect customer service or delivery, employee productivity, or the progress of an individual or team assignment.
6. Department of Corrections policies, rules, and practices shall apply at the telework site, 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.
7. Products, documents and records used and/or developed while teleworking shall remain the property of the Department of Corrections, and are subject to state and Department policies regarding confidentiality and records retention requirements.
8. The teleworker will not be paid for time involved in travel between the telework site and central work site. Travel between the telework site and the central work site will not be reimbursed.
9. 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. Work Schedule and Accessibility

1. The number of hours worked will not change because of telework.
2. Business visits, meetings with agency customers, or regularly scheduled meeting with co-workers shall not be held at the home worksite.
3. Teleworkers shall attend job-related meetings, training sessions, and conferences, as requested by supervisors. In addition, 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.

4. The teleworker must get the supervisor's advanced written approval for working overtime.
5. While teleworking, the teleworker must be reachable via telephone, fax, pager, or e-mail during agreed-upon work hours.
6. The supervisor and the teleworker will use the most efficient and effective way of handling long distance calls whether that is the use of a state calling card or reimbursement for long distance business calls. If reimbursement is approved, the teleworker shall submit an expense reimbursement request with a log of long distant business calls and a copy of the phone bill on a monthly basis.

**D. Telework Site**

1. Telework sites shall be in Oregon or in the same state as the central worksite.
2. PC equipment, software, and modem connections to state computer security systems shall be in accordance with DOC policy 60.1.1.
3. The telecommuter shall normally provide home worksite furniture and equipment.
4. The Department shall provide Telework site office supplies. Equipment and software, if provided by the Department for use at the telework site, shall be for the purpose of conducting agency business only.
5. Teleworkers shall complete the "Telework Office Checklist" (Attachment C) to assess the homework site. Ideally all answers should be "yes" to all questions.
6. The Department of Corrections is not responsible for loss, damage, repair, replacement, or wear of teleworker-owned equipment or property.
7. The Department may pursue recovery from the teleworker for state property that is deliberately, or through negligence, damaged, destroyed, or lost while in the teleworker's care, custody, or control.
8. Employees are advised to contact their insurance agent and a tax consultant for information regarding home worksites.

**E. Safety**

1. The employee is responsible to maintain a clean and safe workspace.
2. In the case of an injury or illness occurring during teleworking hours, the employee shall immediately report the injury/illness to their supervisor as required by DOC Policy 20.5.17 "Management of Injured Workers."
3. The supervisor shall notify the assigned safety manager of all on-the-job injuries and illnesses that occur during telework.
4. The state does not assume responsibility for injury to any persons other than the teleworker at the telework site.

**IV. IMPLEMENTATION**

This policy will be adopted immediately without further modification.

# DEPARTMENT OF CORRECTIONS

## TELEWORK APPLICATION

Attachment A

**Instructions:** Employee shall complete application and give to supervisor. Supervisor shall conduct a preliminary completeness review and send to ISSD. ISSD shall review and approve or deny the request based on ISSD system resources or equipment standards. ISSD shall then return application to the supervisor. Supervisor shall meet with employee to discuss approval or denial.

### Employee Information:

Name: \_\_\_\_\_ Central office phone: \_\_\_\_\_

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

Proposed telework location:  Home  Satellite office  Telework center  Other (list) \_\_\_\_\_

Telework address: \_\_\_\_\_ City: \_\_\_\_\_

Telework phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Pager: \_\_\_\_\_

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

In addition to the employee's supervisor and other management personnel, the following personnel would be authorized to have your telework phone number: \_\_\_\_\_  
\_\_\_\_\_

### Telework statistics:

Proposed start date: \_\_\_\_\_ Hours of travel time saved per week: \_\_\_\_\_

Number of round trips per week **X** \_\_\_\_\_ miles per round trip **X** \_\_\_\_\_ miles per gallon = \_\_\_\_\_ gallons saved per week

### Telework schedule:

Which days do you propose to telework:  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 you can be reached: \_\_\_\_\_ a.m./p.m. To: \_\_\_\_\_ a.m./p.m.

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

### Dependent care:

Do you have dependents requiring care during telework hours?  Yes  No

If yes, would you have dependent care to relieve you from primary-care responsibilities during telework hours?  Yes  No

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### Accessibility information

How can you be contacted when you telework?  Phone  Voice mail/answering machine  
 E-mail Other: \_\_\_\_\_

### Equipment/services to be used at the worksite:

What equipment and software do you propose to provide (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 telework policy:

I have read the telework policy and understand the requirements and obligations I am expected to accept and meet as a teleworker.

Employee's signature: \_\_\_\_\_ Date: \_\_\_\_\_

### ISSD review:

System resources (e.g., computer equipment, software, etc.) are consistent with Department of Corrections standards.  Yes  No

System meets requirements for remote access:  Yes  No

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

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Supervisor review:

Application accepted: \_\_\_\_\_ Date: \_\_\_\_\_

Application denied: \_\_\_\_\_ Date: \_\_\_\_\_

Reason for denial: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# DEPARTMENT OF CORRECTIONS

# Attachment B

## TELEWORK AGREEMENT

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

Teleworker name: \_\_\_\_\_

Dates: \_\_\_\_\_

Date telework will begin: \_\_\_\_\_

Annual review date: \_\_\_\_\_

Approximate date employee and supervisor will take telework training: \_\_\_\_\_

Evaluation criteria:

How will work be evaluated? \_\_\_\_\_  
\_\_\_\_\_

Accessibility and records:

How can you be contacted when you telework?  Phone  Voice mail/answering machine  
 E-mail  Other: \_\_\_\_\_

How will incoming calls at the central office be handled on telework days? \_\_\_\_\_

How often will you call the central office for messages? \_\_\_\_\_

Long distance phone charges will be handled as follows (e.g., state calling card, reimbursement request): \_\_\_\_\_

Other accessibility issues: \_\_\_\_\_

Products, documents or other records required to be retained that are used, developed or revised while teleworking will be transferred the following workday to the central worksite.

Computer information:

ISSD approves access to the LAN(s) using the Department's standard remote access software.

Yes  No

Computer data security issues will be handled as follows: \_\_\_\_\_

Department of Corrections equipment to be used at telework site:

Equipment: \_\_\_\_\_ Inventory no.: \_\_\_\_\_

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Other arrangements agreed upon by the employee and supervisor:

Include any items that the employee might need to purchase on an emergency basis and for which the employee would request reimbursement. If possible, ask the supervisor in advance of purchase how to handle any items needed.

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Reimbursement information:

The Department of Corrections will not pay or reimburse for:

- Time involved in travel between the official workstation and the telework site.
- Travel between the telework site and the official workstation.
- Any purchase, service charge, or cost related to telework that is not specified in this agreement.

Termination:

Unless specified in "Other arrangements". The department and/or the employee may discontinue this arrangement at anytime giving one week's notice.

Agreement:

These conditions are agreed upon between employee \_\_\_\_\_ and supervisor \_\_\_\_\_ of the \_\_\_\_\_ Division.

I have read and understand this agreement and the telework policy and agree to abide by and operate in accordance with the terms and conditions described in both documents. I agree that the sole purpose of this agreement is to regulate telework and that it constitutes neither an employment contract nor an amendment to any existing contract.

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

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

**Distribute copies of agreement and all attachments to employee and supervisor. Send original Telework Application and Telework Agreement to Personnel Records.**

# DEPARTMENT OF CORRECTIONS

## TELEWORK OFFICE CHECKLIST

### Attachment C

Use this checklist as a guide for setting up your telework office. Ideally, you should be able to answer "yes" to all questions.

1. Is the workstation deep enough to accommodate the monitor and keyboard  Yes  No directly in front of the user? .....
2. Does the workstation provide sufficient legroom (depth and width), so there  Yes  No are no obstructions for knees, legs, shins, or thighs? .....
3. Is the mouse (or other pointing device) and keyboard able to be positioned  Yes  No on the same level? .....
4. Is there adequate room for the monitor to be positioned 16-29 inches from  Yes  No the user's eyes? .....
5. Can the monitor be raised or lowered to accommodate the correct viewing  Yes  No height (uppermost line of the document at or slightly below the user's eyes)? .....
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  Yes  No your knees when sitting back in the chair? .....
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 .....