



TAHOE-TRUCKEE SANITATION AGENCY

A Public Agency
13720 Butterfield Drive
TRUCKEE, CALIFORNIA 96161
(530) 587-2525 • FAX (530) 587-5840

Directors

Dale Cox: President
Dan Wilkins: Vice President
David Smelser
Blake Tresan
S. Lane Lewis
General Manager
LaRue Griffin

Telecommuting Policy

I. Purpose

Telecommuting is an arrangement authorized in advance by the department manager that allows eligible employees to work in a designated area off-site and outside their general Agency workspace. Telecommuting is a cooperative arrangement between employees, supervisors, department managers and employing departments.

II. Policy

Telecommuting is a privilege, not a right. All T-TSA employees who telecommute must first enter into an approved written telecommuting agreement.

Telecommuting does not change the duties, terms, or conditions of T-TSA employment. Telecommuting employees must continue to comply with all T-TSA rules, policies, practices, and instructions, just as employees working on site must do.

A telecommuting employee must perform work only during scheduled telecommuting hours.

The department manager may deny, end, or modify a telecommuting agreement for any appropriate business reason. Similarly, a telecommuting employee may request to end or to change a telecommuting agreement at any time, upon notice to the department manager.

Departments have the sole discretion to provide equipment, software, or supplies to telecommuting employees, or alternatively, to allow employees to use their personal equipment while telecommuting.

All Agency policies and rules regarding the use of computers and the internet apply while an employee is telecommuting, regardless of whether the employee is using Agency provided or personal equipment to conduct Agency business. (See Technology Use Policy).

III. Eligibility

Eligibility for telecommuting is based on both the job classification and the employee. Not every job classification, and not every employee, is necessarily well-suited for telecommuting.

A. Position Eligibility

An employee's position may be suitable for telecommuting when the job duties:

- Are independent in nature.
- Do not require frequent interaction at the worksite with supervisors, coworkers, customers, or the public.
- Do not require the employee's immediate presence at the worksite to address unscheduled and/or emergency events.
- Are not essential to the management of on-site operations.

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B. Employee Eligibility

Employees may be suitable for telecommuting when they have consistently demonstrated, for example:

- Dependability and responsibility.
- Effective communication with supervisors, coworkers, and customers.
- Motivation.
- The ability to work independently.
- A consistently high rate of productivity.
- A high level of skill and knowledge of the job.
- The ability to prioritize work effectively.
- Good organizational and time management skills.

Employees who are on probation, or who are not meeting performance or conduct expectations, are generally not eligible to telecommute.

Employees who telecommute must be available to work at the regular worksite on telecommuting days if needed.

IV. **Work Hours**

All the rules for work hours applicable at the Agency worksite are also applicable while telecommuting.

That is:

- Telecommuting employees must perform designated work during scheduled work hours.
- Employees must account for and report time spent telecommuting the same way they would at the Agency worksite, or according to the terms of the telecommuting agreement.
- Teleworking non-exempt employees may not work overtime unless directed to do so, and approved in advance, by the supervisor or department manager.
- Employees must obtain approval to use vacation, sick, or other accrued leave in the same manner as employees who do not telecommute.
- Telecommuting employees who become ill must report the hours actually worked, if any, and use sick leave for hours not worked.

V. **Worksite**

A telecommuting employee must designate a work area in their home suitable for performing their Agency work duties. The employee must perform work in the designated area when telecommuting. Requirements for the designated work area will vary depending on the nature of the work and the equipment needed.

Telecommuting employees must work in an environment that allows them to perform their duties safely and efficiently.

Employees are covered by workers' compensation laws when performing work duties at their designated alternate locations during regular work hours. Employees who suffer a work-related injury or illness while telecommuting must notify their supervisor and complete any required forms immediately.

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VI. Equipment and Supplies

Employees must contact their supervisor or department manager if equipment, connectivity, or other supply problems temporarily prevent them from telecommuting.

A. Agency Equipment

Equipment, software, or supplies on loan from T-TSA to telecommuting employees are to be used Agency business only. The employee must immediately return all Agency equipment, software, and supplies at the conclusion of the telecommuting arrangement or at the department's request.

A telecommuting employee must protect Agency equipment, software, and supplies from possible theft, loss, and damage.

Any equipment, software, files, and databases loaned by the Agency to the telecommuting employee remain the property of the Agency.

B. Personal Equipment

Employees who use their personal equipment for telecommuting are responsible for the installation, repair, and maintenance of the equipment.

VII. Security of Confidential Information

All files, records, papers, or other materials created while telecommuting are Agency property. Departments may prohibit employees from printing Agency confidential information in telecommuting locations to avoid breach of confidentiality.



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Telecommuting Agreement Form

I. EMPLOYEE INFORMATION

Name: _____

Job Title: _____

Department: _____

II. TELECOMMUTE INFORMATION

This agreement is for a limited duration telecommuting arrangement. This agreement will begin on _____ and end on _____ or when determined by the department manager.

Address of telecommute work site: _____

Scheduled Telecommute Days	Sunday	From: _____ To: _____
	Monday	From: _____ To: _____
	Tuesday	From: _____ To: _____
	Wednesday	From: _____ To: _____
	Thursday	From: _____ To: _____
	Friday	From: _____ To: _____
	Saturday	From: _____ To: _____

Method of Communication while Telecommuting:

Phone – phone number: _____

Agency Email: _____

Telecommuting Equipment:

The Agency will loan you the following equipment for the duration of this Telecommute Agreement:

Laptop: _____ Employee's Initials of Receipt _____

Other: _____ Employee's Initials of Receipt _____

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Telecommuting Work Plan

Work you will perform while telecommuting: _____

Additional department specific requirements: _____

III. EMPLOYEE ACKNOWLEDGEMENTS

- I have read, understand, and will comply with the T-TSA Telecommuting Policy, which governs my telecommuting arrangement.
- I acknowledge receipt of the Agency equipment described above, which was loaned to me during this telecommuting agreement. I understand and agree that I am responsible for maintaining the safety and security of Agency equipment, supplies, and information while telecommuting.
- I acknowledge that my designated off-site telecommuting workspace complies with all health and safety requirements.
- I agree to accurately record and submit the hours I work while telecommuting.
- I understand and agree that I must come into the office on a regularly scheduled telecommute day when my department requires me to do so.
- I understand I must contact my supervisor or department manager if equipment, connectivity, or other supply problems temporarily prevent me from telecommuting.
- I agree to comply with all terms and conditions in this Telecommuting Agreement. If I fail to do so at any time, I understand that my telecommuting agreement may be ended. Furthermore, I understand that my telecommuting agreement may be ended prior to the specified end date stated above at any time.

IV. EMPLOYEE SIGNATURE

Employee Signature

Date: _____

V. DEPARTMENT MANAGER REVIEW AND APPROVAL

Department Manager Signature

Date: _____