



# Telework Program

## Procedures

A Guide to Telework for  
Los Angeles County Employees and Supervisors  
December 2018





# Telework Program Overview



Welcome to the Los Angeles County Telework Program (CTP). The CTP is designed to be an innovative workplace option contributing to the improvement of work quality, increased productivity, and achievement of air quality and traffic reduction goals.

The CTP supports the County's Strategic Plan and aligns with several key strategies:

- Making Investments that Transform Lives
- Fostering Vibrant and Resilient Communities
- Realizing Tomorrow's Government Today

Overall, telework:

- Supports the wellness of communities;
- Makes environmental sustainability a reality;
- Inspires development of the County workforce;
- Embraces digital government;
- Promotes operational effectiveness, fiscal responsibility, and accountability; and
- Encourages engagement and information sharing.

The Board of Supervisors established the CTP in September 1989, and since then, participation has expanded considerably. Telework under the CTP is a management approved arrangement allowing an employee to perform their work duties during any part of their regularly scheduled hours at an approved alternative work site.

We believe that the CTP can be further developed with the support of new technology and we need to move beyond the focus on home-based telework and short-term telework when prompted by a natural disaster or personal injury. Ultimately, however, the key for success of the CTP is for managers and employees to clearly and collaboratively define expectations and provide options, tools, and flexibility to meet outlined objectives.

The CTP demonstrates the County's commitment to clean air and the South Coast Air Quality Management District's (SCAQMD) Rule 2202 regulations by eliminating one vehicle from the roads each day an employee teleworks. Telework benefits the County as an employer through the mandate of SCAQMD Rule 2202 by supplying commuter credits when the County eliminates at least 50 percent of the normal commute distance from an employee's home to work.

In support of the CTP, the Department of Human Resources (DHR) provides training for teleworkers and telemanagers. For information about the Telework Program, please contact DHR's Workplace Programs Division at [Rideshare@hr.lacounty.gov](mailto:Rideshare@hr.lacounty.gov).



# Telework Program Procedures



The Los Angeles County Board of Supervisors Telework Policy Chapter 9.090 states that the County's Telework Program (CTP) is administered to support the County's Clean Air efforts through its Employee Commute Reduction Program, commonly known as Rideshare. Telework is a management option, not a universal employee benefit. All Telework Policies, Standards, and Procedures must be followed by departments to remain eligible for program participation. Prior to participating in the Telework Program, an employee is required to obtain a certificate of completion from County Telework Training.

## **Telework Step-by-Step Procedure:**

### *1. Registration and Online Training*

- a. The prospective teleworking employee logs onto The Learning Net and registers for the online County Teleworker Training.
- b. Subsequent to the employee's registration, an email is automatically generated to the employee's supervisor notifying them of approval required for the employee to receive telework training.
- c. After supervisor approval of the request, the employee's registration for the Telework training is finalized.
- d. Upon completion of the telework training, the employee will have the option to download an electronic certificate of completion. Supervisors may confirm completion of the course via The Learning Net.
- e. The Supervisor of a potential Teleworker must have also completed County Telemanager Training prior to the beginning of a Telework assignment.

### *2. Teleworker Agreement*

- a. After receiving the Telework training certificate of completion, a signed [Telework Agreement \(Appendix 1\)](#) must be entered into by the new Teleworker and Telemanager. A copy of the finalized agreement is filed in the Teleworker's Official Personnel File.

### *3. Pre-Telework Process*

- a. The Teleworker completes the [Telework Location Safety Checklist \(Appendix 2\)](#) to assess the safety of the telework site and provides the completed checklist to their Telemanager.

- b. The Telemanager has the option to create a [Telework Task Schedule \(Appendix 3\)](#) for the teleworker, which will be used as a tool to manage performance expectations and deliverables.
  - i. The [Telework Supervisor's Checklist \(Appendix 4\)](#) may be utilized by the telemanager to ensure teleworkers are properly oriented to the CTP prior to teleworking. A model is provided in this appendix and should be tailored to an individual department's needs.
- c. The Telemanager provides the Teleworker with a copy of the County's Information and Security Requirements and Procedures.

#### 4. *The Employee Begins Teleworking and Reporting Telework Hours*

- a. Telework participants are required to report hours spent teleworking by reporting appropriate [Telework Time Codes \(Appendix 5\)](#) which are contained in this appendix.

#### 5. *90-Day Check-In*

- a. Ninety (90) days after beginning a Telework schedule, the Telemanager must complete a [Telework Job Performance Survey \(Appendix 6\)](#) for all new Teleworkers.
  - i. Disposition of Form
    - 1. If the job performance survey is satisfactory, the Teleworker may continue to participate in the CTP with no interruption, and the form is filed in the teleworker's Official Personnel File.
    - 2. If the survey is unsatisfactory, the Teleworker may be removed from participation in the CTP until the Telemanager assesses the readiness of the employee to Telework.

#### 6. *Discontinuing Telework*

- a. Teleworking may be discontinued at any time at the request of either the Teleworking employee or the Telemanager.
- b. If telework is to be terminated, an [Termination of Telework Arrangement \(Appendix 7\)](#) form must be filed with the departmental Telework Coordinator and the Telemanager, and a copy is filed in the employee's personnel file.

#### 7. *Resuming Telework*

- a. When telework is resumed, a new **Telework Agreement** must be entered into and an updated **Telework Location Safety Checklist**, **Telework Task Schedule** (if applicable), and **Telework Job Performance Survey** must be completed. No new training is required.



# Telework Agreement

## Appendix 1

Employee Name	
Employee Number	
Employee's Title	
Employee's Email	
Department	
Name of Supervisor	
County Office Address	

### Telework Schedule

Telework Schedule	_____ days per week OR _____ days per month
Telework Hours	_____ a.m. to _____ p.m.

\_\_\_\_\_ I acknowledge that my telework schedule may not be changed without prior written approval from my supervisor.

\_\_\_\_\_ I acknowledge that requests to work overtime, utilize sick leave, request time off, or request a leave of absence must be approved by my Telemanager in the same manner as when working in the County office.

\_\_\_\_\_ I acknowledge that if I am sick while Teleworking, I am required to report the hours worked, and I must use sick leave or other accrued time to cover the hours not worked.

### Telework Location

Regular Telework Location	
Mileage one-way from Telework Location to County Office Address	

\_\_\_\_\_ I acknowledge that the designated telework location is considered an extension of the County work space, and that the County's workers' compensation liability for job-related accidents or injury will apply during my stated telework hours.



# Telework Agreement

## Appendix 1

Telework Agreement	Employee Name:
Page 2 of 4	

\_\_\_\_\_ I acknowledge that I am liable for injuries to any third parties or members of my family, guests, or others present at the telework location.

\_\_\_\_\_ I acknowledge that I am responsible for designating a work space for the installation of equipment to be used while teleworking. I agree to maintain the space in a safe condition, free of hazards and other dangers to myself and to County equipment.

\_\_\_\_\_ I acknowledge that the County may make on-site visits to my telework location to determine if the work space is safe, to ensure that the location is free from hazards, and to maintain, inspect, repair, replace, and/or retrieve County-owned equipment, software, data, or supplies.

### Telework Equipment & Supplies

\_\_\_\_\_ I acknowledge that any equipment provided by the County of Los Angeles for the purpose of facilitating Telework may only be used at the regular telework location noted above, and only by me for purposes relating to only to County business.

\_\_\_\_\_ I acknowledge that I am responsible for ensuring that all County equipment is used properly, and that the County will provide repair for County equipment as needed.

\_\_\_\_\_ I acknowledge that in the event of any delay in repair or replacement of equipment, or other circumstances that would make it impossible for me to telework, my department may assign other work, or request that I be moved to another work location.

\_\_\_\_\_ I acknowledge that I am responsible for the repair and maintenance of any personal equipment that I provide.

\_\_\_\_\_ I acknowledge receipt of the following County equipment to support my telework:

Item:	Item:
Item:	Item:
Item:	Item:

\_\_\_\_\_ I acknowledge that I will “check out” all supplies needed for the telework assignment by contacting the appropriate office staff.



# Telework Agreement

## Appendix 1

Telework Agreement	Employee Name:
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### Expenses Related to Telework

\_\_\_\_\_ I acknowledge that the County will not pay for, or reimburse the following expenses:

- Maintenance or repairs of privately owned equipment
- Utility costs associated with the use of electronics
- Costs associated with the occupation of the home / offsite work location
- Travel expenses associated with commuting to the County office (other than authorized transit subsidies).
- Out of pocket expenses for supplies that are regularly available at the County office (unless approved in advanced and in writing).

\_\_\_\_\_ I acknowledge that in the event that the County does not provide a cellular phone, the County will pay for all business-related telephone calls on my personal telephone or cellular phone. I will be required to submit my claims on a Travel Expense Claim form along with documentation to support the expense.

### Telework Provisions

\_\_\_\_\_ I acknowledge that the Telework assignment is entirely voluntary and may be terminated by the Teleworker or the County at any time.

\_\_\_\_\_ I acknowledge that the duties, obligations, responsibilities, and conditions of my employment with the County are unchanged; I also acknowledge that my salary, retirement, benefits, and County-sponsored insurance coverage are unchanged.

\_\_\_\_\_ I acknowledge that work hours and overtime compensation must conform to the County Code, County policies and procedures, MOU provisions as applicable, and to the terms otherwise agreed upon by me and my Telemanager.

\_\_\_\_\_ I acknowledge that I am required to participate in all studies, inquiries, reports, or analysis relating to CTP. I understand that any collected data that is made available to the general public will not contain any personal identifiers.

\_\_\_\_\_ I acknowledge that I remain obligated to comply with all County rules, policies, procedures, practices, and instructions (County Policies). Violation of County policies may result in preclusion from telework and/or disciplinary action, up to and including termination of employment.



# Telework Agreement

## Appendix 1

Telework Agreement	Employee Name:
Page 4 of 4	

\_\_\_\_\_ I acknowledge that individual tax implications related to telework are my responsibility, and I understand that any questions in this regard should be posed to a tax expert, at my expense.

### Final Acknowledgements

\_\_\_\_\_ I acknowledge that telework is not intended as a substitute for providing care of adult dependents or children, and that I must make regular arrangements to for the care of dependent adults or children.

\_\_\_\_\_ I acknowledge that I have received a copy of the County's Information and Security Requirements and Procedures, and I agree to comply with all such requirements and procedures in my designated telework location. I agree to check in with my Telemanager when any information and security matters are at issue.

Teleworker Printed Name	
Teleworker Signature	
Date	

Telemanager Printed Name	
Telemanager Signature	
Date	





# Telework Location Safety Checklist

Employee Name	Employee Number
Employee Email	
Supervisor Name	
Telework Location	

## Description of Telework Location

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#	General	Yes	No
1	Workspace is away from noise, distractions, and is devoted to your work needs?		
2	Workspace accommodates workstation, equipment, and related material?		
3	Floors are clear and free from hazards?		
4	File drawers are not top-heavy and do not open into walkways?		
5	Phone lines and electrical cords are secured under a desk or along wall, and away from heat sources?		
6	Temperature, ventilation, and lighting are adequate?		
7	All stairs with four or more steps are equipped with handrails?		
8	Carpets are well secured to the floor and free of frayed or worn seams?		
	<b>Fire Safety</b>		
9	There is a working smoke detector in the workspace area?		
10	Is a multi-use fire extinguisher, which you know how to use, readily available?		
11	Walkways aisles, and doorways are unobstructed?		
13	Workspace is kept free of trash, clutter, and flammable liquids?		
14	All radiators and portable heaters are located away from flammable items?		
15	Do you have an evacuation plan so you know what to do in the event of a fire?		
	<b>Electrical Safety</b>		
16	Sufficient electrical outlets are accessible?		
17	Computer equipment is connected to a surge protector?		
18	Electrical system is adequate for office equipment?		



# Telework Location Safety Checklist

19	All electrical plugs, cords, outlets, and panels are in good condition? No exposed/damaged wiring?		
20	Equipment is placed close to electrical outlets?		
21	Extension cords and power strips are not daisy chained and no permanent extension cord is in use?		
22	Equipment is turned off when not in use?		
<b>Computer Workstation</b>			
23	Chair casters (wheels) are secure and the rungs and legs of the chair are sturdy?		
24	Chair is adjustable?		
25	Your back is adequately supported by a backrest?		
26	Your feet are on the floor or adequately supported by a footrest?		
27	You have enough leg room at your desk?		
28	There is sufficient light for reading?		
29	The computer screen is free from noticeable glare?		
30	The top of the screen is at eye level?		
31	There is space to rest the arms while not keying?		
<b>Other Safety/Security Measures</b>			
32	Files and data are secure?		
33	Materials and equipment are in a secure place, protected from damage and misuse?		
34	You have an inventory of all equipment in the office including serial numbers?		
35	If applicable, do you use up-to-date anti-virus software and run regular scans?		

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Telework Location Safety Approved

Telework Location Safety Needs Review

\_\_\_\_\_  
Supervisor Signature



# Telework Task Schedule

## Appendix 3

Teleworker Name		
Date Tasks Assigned		
Department		
Telework Hours	From	To

1. Task  Deliverable  Accomplishment	_____	Estimated hours_____
	_____	Actual Hours_____
	_____	
2. Task  Deliverable  Accomplishment	_____	Estimated hours_____
	_____	Actual Hours_____
	_____	
3. Task  Deliverable  Accomplishment	_____	Estimated hours_____
	_____	Actual Hours_____
	_____	
4. Task  Deliverable  Accomplishment	_____	Estimated hours_____
	_____	Actual Hours_____
	_____	

<b>Total Estimated Hours:</b>	<b>Total Actual Hours :</b>
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\_\_\_\_\_  
Employee/Teleworker Signature

\_\_\_\_\_  
Supervisor/Telemanager Signature



# Telework Supervisor's Checklist

Appendix 4

Teleworker Name	
Department	
Supervisor/ Telemanager	

Item	Date Completed	Supervisor Initials
Employee has read orientation documents, taken the Telework Training and read the County's Telework Policies.		
Employee has been provided with a schedule of core schedule or guidelines for telework hours.		
Equipment (if any) issued by the County is documented and requirements for care are acknowledged		
Performance expectations have been discussed and are clearly understood. Assignments and due dates are documented.		
Requirements for adequate and safe office space at home have been reviewed with the employee, and employee certifies that those requirements have been met.		
The employee is familiar with the County requirements and expectations for computer information security and has received a copy of and has read the County Information Security Requirements and Guidelines.		
Phone contact procedures have been clearly defined.		
The Teleworker Agreement is finalized and on file.		
The employee has been provided with Telework time code information.		

**This checklist is included as a model and should be tailored to an individual department's needs. The checklist should be utilized by the Telework Supervisor/Manager to ensure teleworkers are properly oriented as to the County's Telework Program prior to teleworking.**



Appendix 5

# Telework Time Codes

Telework participants are required to report hours spent teleworking by reporting appropriate Telework Time Codes which are contained in this appendix.

**TIMECARD COMPLETION** - When preparing their timecard, Teleworkers should utilize the applicable time codes from the chart noted below for “Event” and “Rsn” telework task items.

EVENT	RSN	RSN DESCRIPTION - LONG	RSN DESCRIPTION - SHORT
099	TW0	Other	OTHER
099	TW1	Case Management	CASE MANAGEMENT
099	TW2	Data Analysis	DATA ANALYSIS
099	TW3	Contract Administration	CONTRACT ADMIN
099	TW4	Audit Reports	AUDIT REPORTS
099	TW5	Conducting work by telephone	CNDCT WK BY PH
099	TW6	Data Entry	DATA ENTRY
099	TW7	Project Oriented Work	PRJ ORIENTED WK
099	TW8	Reading and Writing	READING AND WRI
099	TW9	Word Processing	WORD PROCESSING



# Telework Job Performance Survey



Appendix 6

Teleworker Name	
Teleworker's Employee Number	
Teleworker's Email	
Teleworker's Title	
Department	
Name of Supervisor	

**1. The methods used to engage and communicate direction with the Teleworker are efficient.**

Strongly Agree     Agree     Disagree     Strongly Disagree     Not Applicable

**2. The amount of communication needed to support the Teleworker is reasonable.**

Strongly Agree     Agree     Disagree     Strongly Disagree     Not Applicable

**3. The Teleworker's productivity is satisfactory.**

Strongly Agree     Agree     Disagree     Strongly Disagree     Not Applicable

**4. The Teleworker is responsive to my calls and emails.**

Strongly Agree     Agree     Disagree     Strongly Disagree     Not Applicable

**5. The Teleworker is responsive to external stakeholders and customers.**

Strongly Agree     Agree     Disagree     Strongly Disagree     Not Applicable

**90 Days after beginning a Telework Schedule, this Survey must be completed for new Teleworkers. If the Survey is unsatisfactory, the Teleworker may be retrained or removed from participation in the County Telework Program until readiness is re-assessed.**

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date



# Termination of Telework Agreement

## Appendix 7

Employee Name	
Employee Number	
Employee's Title	
Department	
Name of Supervisor	

<b>Reason for terminating participation in the Telework Program:</b>

\_\_\_\_\_

Date

\_\_\_\_\_

Print Employee Name

\_\_\_\_\_

Employee Signature

\_\_\_\_\_

Print Supervisor/Telemanager Name

\_\_\_\_\_

Signature Supervisor/Telemanager

**The completed and signed original must be filed with the employee's departmental Human Resources, a copy placed in the Teleworker's personnel file, and a copy submitted to the Department of Human Resources, Workplace Programs Division at [Rideshare@lacounty.gov](mailto:Rideshare@lacounty.gov)**