

State of Wisconsin
Telecommuting Guidelines
2020



Department of Administration
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These guidelines are the result of a collaborative effort of State employees from various agencies with diverse areas of expertise. We would like to thank those involved who volunteered their time and energy to develop guidelines, originally in June 2000, designed to assist agencies that are considering implementing a telecommuting program.

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We welcome your comments and feedback on this document.

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TELECOMMUTING GUIDELINES

Introduction and Overall Summary

The workplace is changing and will continue to change. Depending on the nature of the work involved, it may be more feasible for employers to have staff working out of their own homes rather than coming to the office. Benefits of telecommuting range from increased staff morale, productivity, and customer service to reduced gasoline consumption and traffic, parking, and office congestion.

There is, however, more to telecommuting than just approving employees to work at home. The following guidelines were developed to assist agencies in managing a telecommuting program, with particular emphasis on risk management and safety issues. Each state agency is encouraged to consider these guidelines if it is going to implement a telecommuting program and to incorporate these issues when developing its telecommuting policy.

Since telecommuting has already been an option for some state employees, some of these guidelines may conflict with existing practices in state agencies. It is up to each agency to decide how it will manage the risks associated with telecommuting employees.

This document is designed to provide risk management and safety parameters for an agency to consider if and when it is going to implement a telecommuting program. Before an agency implements such a program, it should develop a specific telecommuting policy, including a written telecommuting agreement to specify the details of an employee's telecommuting work arrangement. Each agency should formulate its own policy based on its business needs, keeping in mind that telecommuting should be a benefit to both the employer and employee and that the ultimate goals of telecommuting are improved customer service and/or agency/program goals.

The following guidelines are intended primarily for use in determining or creating a policy on telecommuting that is long term and quasi-permanent. However, agencies may also consider applying some of the same criteria to shorter term or temporary leave accommodations made for a pandemic, health care, pregnancy, family needs, etc.

Definition of “Telecommuting”:

Telecommuting should benefit **both** the employer and employee and be a voluntary program for both. It is a formal, scheduled work location alternative that allows employees to meet customer needs by performing job responsibilities away from an assigned office. Homes of telecommuting employees are equipped with information technology that is appropriate for the tasks being performed.

Telecommuting relates to employees who:

- 1) work partially at an assigned office.
- 2) work partially at home.
- 3) Work exclusively from home.

It does **not** apply to employees who:

- 1) are mobile workers, that is, those who travel continuously or frequently, or
- 2) who work at home on a short-term basis, or
- 3) who work at home as either a temporary or permanent reasonable ADA accommodation or Return To Work program.

Telecommuting is not recommended if an employee’s position description requires frequent client contacts, as there are increased liability exposures if business clients are to go to the employee’s home. Telecommuting privileges are not intended to include visits from clients/patients.

Each agency should know and keep track of how many telecommuters it has. State equipment used in these situations should be listed on agency property valuations.

Criteria for determining eligible employees:

Criteria should be developed by each agency and be applied consistently to avoid the potential for discrimination when reviewing requests for telecommuting. Again, the goal of telecommuting is to assist in providing better customer service and be a benefit to both the employer and employee. Participation in the program should be voluntary.

Issues to consider when developing criteria for determining eligible employees include:

- Each agency should define who qualifies as an employee of the agency and is therefore eligible for telecommuting, e.g., FTEs, LTEs, project positions, etc.
- The types of work or specific positions where telecommuting may be acceptable should be identified. The agency should be able to monitor/measure the work product.
- The characteristics of employees to be approved for telecommuting should be identified. Professional characteristics of the employee should include:
 - A demonstrated conscientiousness about work time and productivity evidenced by satisfactory or better performance reviews.
 - Self-motivation.
 - Ability to work well alone for long stretches of time.
 - Limited need for feedback but ability to ask for it if necessary.

- Employees with duties that involve certain associated risks or hazards which are more appropriately done in a workspace suited to that activity may not be appropriate candidates for telecommuting, unless they are able to demonstrate that their home workplace meets required safety specifications.
- Each agency should consider what costs it is willing to incur should an employee be approved for telecommuting and define the cost benefit.
- If appropriate, and to avoid issues related to risk of isolation, consideration should be given to making telecommuting occasional, with the employee working at home only a few days per week.

How is work performance assessed and measured?

“Output” standards should be established and should be the same as those for office-based employees performing the same duties. Further, these standards should ensure that the telecommuting relationship will not in any way disrupt or create delays in providing customer service.

Supervisors should review the work product and ensure that the telecommuting employee receives the same training and information as office-based employees. Telecommuting employees should also receive the same consideration as their office-based peers for personnel transactions, such as promotion, transfer, etc.

Application of work rules:

Agency work rules should apply to telecommuters the same as they apply to office-based employees. Substance abuse or negligence pertaining to work product or hours, for example, should be appropriately addressed by the supervisor the same as they are in the office.

Telecommuting is a relatively new concept for the State of Wisconsin that is being utilized with more frequency. An agency should seek out or develop seminars or training sessions for managers who supervise employees in a telecommuting environment. Each agency should promote this training and encourage attendance by its managers who have telecommuting staff. In any event, an agency should have a plan for supervising telecommuting employees.

Receiving and reviewing a request to telecommute:

A telecommuting policy should include a formal request, approval, and agreement process. Each agency is encouraged to involve its Human Resources, Information Security and Legal staff during the development of telecommuting guidelines and to also consider involving the Employee Assistance Program to provide information/assistance to employees upon request.

An agency’s telecommuting policy should provide for a three-step process:

1. Pre-approval: The employee completes a telecommuting worksheet for the agency to use in evaluating the suitability for telecommuting.

2. Approval: If telecommuting is approved, the employee and agency complete a telecommuting agreement that details the specifics of the telecommuting arrangement.
3. Ongoing monitoring: The agency should regularly review each telecommuting arrangement to ensure that the criteria originally established continues to be met.

A sample worksheet and agreement are attached. An agency may also consider developing a packet for the telecommuting employee that includes information on Workers Compensation and reporting injuries, including related forms and phone numbers.

Pre-approval process:

A pre-approval process should be developed by each agency before employees are approved for telecommuting. It is anticipated that approval to allow telecommuting will be on a case-by-case basis.

The pre-approval process is very important, as it provides the agency and employee with an opportunity to assess and understand their responsibilities and liabilities should the employee be approved for telecommuting.

Issues to consider when developing pre-approval criteria include:

- Core work hours should be established.
- Pre-approval of the telecommuting site is strongly suggested. A dedicated workspace within the employee's home should be established and should allow unobstructed and uninterrupted work. Family pets/animals should be restricted from the work area. Child care/elderly care activity or related responsibilities should occur outside of the workday and not within the dedicated work area.
- If site visits are conducted, they should be performed by a qualified safety/ergonomic specialist or outside consultant who conducts an ergonomic workstation assessment and general safety inspection.
- An alternate work site should be identified in the event the employee is unable to utilize the first site. This is particularly important for the employer to consider, as it should be prepared to have office space available.
- The agency should ensure that the employee has appropriate equipment to safely perform the job without increased risk of injury and should establish minimum safety requirements. For example, the employee should demonstrate s/he has a reasonable supporting structure and location for the equipment that will be used. Refer to the attached Telecommuting Safety and Ergonomic Checklist examples. An agency may also request that photos/video of the site accompany the checklists.
- The employee should be required to:
 - View the online Office Ergonomics Self-Tutorial
 - Complete the Safety and Ergonomic Checklists referred to above
- Employee should have the following:
 - Smoke detector
 - Surge protector(s)
 - Multiple outlet strip(s)
 - Desk

- Task lighting
- Adjustable Ergonomic Chair
- Computer/Printer

All equipment used by the employee, whether provided by the agency or the employee, should be ergonomically correct.

- The agency should ensure a secure means for regular work phone calls is established.
- All costs associated with a telecommuting request, including the installation of necessary equipment, should be reviewed as part of the approval process. The agency and employee should have a clear understanding of who is responsible for the costs.
- The employee should have homeowner's/condo/or renter's insurance with general liability coverage and provide a designated person at the agency with evidence of insurability.
- The agency should notify the employee that it is his/her responsibility to notify their insurer about working in the home. Payment for any resulting surcharge imposed by the insurance company may be reviewed between the employee and agency.
- Employee personal property is not covered by the states self-funded property program however if personal property is used for business purposes for the benefit of the state and used within the employee's scope of employment considerations for coverage may be given. For coverage to be applicable, the employee must communicate to their agency what property is to be considered and be approved by the agency and reported by that agency in its annual property values submitted to the Bureau of State Risk Management. It is the employee's responsibility to ensure that any personal property is insured.
- Written documentation of state property to be kept in the employee's home should be compiled as part of the approval process.
- The employee should call in or e-mail at intervals set by the agency, unless the agency is able to monitor on-line activity. The employee should also attend staff meetings and required training; expenses associated with these items should be addressed during the pre-approval process.
- The employee should submit a plan demonstrating what security measures s/he will take regarding data and equipment. The agency should determine if the employee's plan meets its security needs.
- If the employee will be working outside of Wisconsin, contact the Worker's Compensation Section of the DOA Bureau of State Risk Management for a determination of whether Wisconsin's law or the host state's law takes precedence for worker's compensation coverage; this action will help avoid duplicate coverage and assure adherence to the applicable law.
- If the employee is dependent on the computer system for work, the agency should have a plan of action as to what the employee should work on if the computer system is down.
- Prior arrangements shall be made between employee and agency regarding definition of commuting and mileage reimbursement.

Telecommuting Agreement:

A formal, written telecommuting agreement should be developed by each agency to specify the details of the employee's telecommuting work arrangement. This document benefits both the agency and employee by providing a clear description of the arrangement that has been agreed upon and serving as a basis for future review of the arrangement. It should be signed by the employee approved for telecommuting, his/her

supervisor, an appropriate management representative and Human Resources. A copy of the agreement should be kept in the employee's official personnel file in HR.

Items to be considered for inclusion in a telecommuting agreement include:

- Hours of work
- Direction for "down" time, if the employee is dependent on the computer system for work
- An understanding on attending training/meetings in the office and the expenses associated with these items
- Identification of alternate work site
- The employee should notify his/her supervisor of any change in residence, because the new residence should be reviewed for approval under a new telecommuting agreement.
- A listing of all required equipment and whether the agency or employee is supplying each item
- Criteria for maintaining the telecommuting premise
- The agency has the right to inspect the premise with reasonable notice and that the agency reserves the right to inspect the premises post-injury.
- Any work injury should be promptly reported to the supervisor by the employee.
- Requirement that the employee should annually supply a certificate of insurance coverage to a designated person at the agency
- State coverage is primary for state property, subject to the deductible. The state does not insure cash or securities.
- An understanding that prohibited at-home activities while telecommuting include, but are not limited to:
 - Non-work activities, including basic homemaking tasks such as dishes, laundry, substance use, etc.
 - Meetings and visitors, unless pre-approved and kept to a minimum. Most meetings should take place at the agency office.
 - Child care and elderly care
- The employee should take personal leave time to accommodate personal business at his/her home and should notify the supervisor of this leave time.
- All agency work rules should apply to the telecommuting employee
- Statement that state-provided equipment/software is provided for business use and should not be used for personal business or by persons other than the employee.
- Safety/security requirements for equipment/data.
- Requirement that the employee's home computer should be programmed to go to lock-up if there has been no activity at the PC for 15 minutes. This lock-up is to help provide information security and prevent unauthorized use. The employee should be required to re-enter a password to continue.
- Backups of all state work should be done with a copy retained off-site, unless the employee is hooked up to the network. The backup should be done no less than once a week and more frequently depending on the type of work the employee is doing.
- The same records management policies used in the office for records preservation and retention apply to telecommuters.
- Emergency contacts and a procedure in the event the employee does not answer his/her telephone or respond to e-mail messages within established timeframes.
- The agency reserves the right to investigate circumstances associated with third-party subrogation claims.

- An understanding that the agreement can be discontinued by either the employee or the agency at any time without cause, subject to a two-week notice.
- Statement that the safety/ergonomic checklists have been reviewed by the employee and supervisor and that the employee has viewed the online Office Ergonomics Self-Tutorial.

Visitors should be discouraged.

Although telecommuting is strongly discouraged if an employee will be seeing clients and business visitors in the home, an agency may determine it is appropriate for such an employee to telecommute. Because of the additional risks associated with having business visitors in the home, the following criteria is recommended for these cases:

- Employees who have business visitors should have a minimum of \$500,000 homeowner's insurance general liability coverage. All other telecommuting employees insurance minimums should be considered on a case by case basis. No additional insured provision or indemnification is necessary.
- Employees who see clients should be subject to driveby checks of the residence to ensure visitor safety. If deficiencies are found in the maintenance/upkeep of accessible areas (such as the driveway, sidewalk, and stoops), the employee should be given a reasonable amount of time (60-90 days) to make corrections/improvements, with no visitors allowed until the corrections are made.
- If outside resources are used in performing inspections of the site, the telecommuting agreement should reflect who is responsible for the costs.

Ongoing monitoring:

- The agency should review each telecommuting arrangement at least once a year to ensure that the criteria originally established continues to be met.
- The agency should consider conducting a periodic (at least once per year) site visit to evaluate and ensure minimum safety requirements are being met. Discrepancies identified should be corrected within 60 to 90 days by the telecommuter.
- If site visits are conducted, they should be performed by a qualified safety/ergonomic specialist or outside consultant who conducts an ergonomic workstation assessment and general safety inspection.
- The agency should obtain on an annual basis a certificate of insurance coverage from each telecommuting employee. The agency should determine who will collect the certificates.
- In the event of an injury, the agency should gather as much specific information as possible, especially where and how the injury occurred. This information will help the worker's compensation adjuster determine if the injury was in the course and scope of employment and caused by the employment.
- In the event of damage to a third party caused by a telecommuting employee, the agency should gather as much specific information as possible to help determine if the incident was in the course and scope of employment.

APPENDIX 1

(Worksheet for determining suitability for telecommuting)
TELECOMMUTING Worksheet

Employee Name: _____ Title: _____ Phone(w): _____

Supervisor Name: _____ Title: _____ Phone(w): _____

Work Address: _____ Agency: _____

Telecommuting Home Address: _____ Home phone: _____

Alternate Work Site (if above site is unavailable) _____ Phone: _____

Currently, I (check all that apply);

- | | | |
|---|--|-------------------------------------|
| <input type="checkbox"/> Drive Alone | <input type="checkbox"/> Vanpool | <input type="checkbox"/> Carpool |
| <input type="checkbox"/> Bus | <input type="checkbox"/> Bicycle | <input type="checkbox"/> Walk |
| <input type="checkbox"/> Telecommute informally | <input type="checkbox"/> Work 4 10-hour days | <input type="checkbox"/> Motorcycle |

Approximate Commuting Time (one way, in minutes): _____

Approximate Commuting Mileage (one way) _____ mi.

Telecommuting is a formal, scheduled work location alternative that may work for some individuals and that may not work for others. The success of a telecommuting work arrangement depends on the commitment of the employee, an individual's work style, their home environment, job tasks, job responsibilities, required work materials and interaction with colleagues. Please answer the following questions to help us determine if telecommuting would work for you.

1. My colleagues and I have discussed the potential impacts of telecommuting and support the telecommuting program.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Unsure
2. I can schedule meetings on the days I am in the office.	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. I can organize my work so that I do not need office equipment or files located at the central office on the number of days I telecommute.	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. My job requires that I work with confidential information materials. - If yes, I can arrange my schedule to accomplish this confidential work on the days when I work in the office.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
5. My projects generally have discrete timelines and deadlines.	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. My co-workers, managers, or customers call me frequently (a few times a day) with questions or requests that I can respond to only when at my office.	<input type="checkbox"/> YES <input type="checkbox"/> NO
7. I feel that someone else at my office could resolve, if trained to resolve, the questions and requests at my office.	<input type="checkbox"/> YES <input type="checkbox"/> NO
8. I would like to telecommute:	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4/days per week Other: _____
9. I am a supervisor. -If YES:	<input type="checkbox"/> YES <input type="checkbox"/> NO
9A For those employees I supervise, their job tasks are dependent upon my presence in the office.	<input type="checkbox"/> YES <input type="checkbox"/> NO
9B My telecommuting schedule would affect my supervision of my employees.	<input type="checkbox"/> YES <input type="checkbox"/> NO

10. Please tell us why you would like to telecommute.

11. We are interested in the job tasks that make up your regular workweek or month. Please check all the job tasks that apply to you, and indicate what percent of your total work time is spent on your tasks and if you must be in the office to complete these tasks.

Job Task	% of My Job	I must be in the office to complete this task:		I need a computer to complete this task:	
		YES	NO	YES	NO
Analysis		YES	NO	YES	NO
Auditing		YES	NO	YES	NO
Batch work		YES	NO	YES	NO
Calculating		YES	NO	YES	NO
Computer programming		YES	NO	YES	NO
Conducting business by telephone		YES	NO	YES	NO
Data entry		YES	NO	YES	NO
Design work planning		YES	NO	YES	NO
Dictating		YES	NO	YES	NO
Drafting		YES	NO	YES	NO
Editing		YES	NO	YES	NO
Evaluations		YES	NO	YES	NO
Field visits		YES	NO	YES	NO
Graphics		YES	NO	YES	NO
Maintaining data bases		YES	NO	YES	NO
Meeting with clients		YES	NO	YES	NO
Preparing budgets		YES	NO	YES	NO
Preparing/monitoring contracts		YES	NO	YES	NO
Project management		YES	NO	YES	NO
Reading		YES	NO	YES	NO
Recordkeeping		YES	NO	YES	NO
Research		YES	NO	YES	NO
Sending/receiving e-mail		YES	NO	YES	NO
Spreadsheet analysis		YES	NO	YES	NO
Typing		YES	NO	YES	NO
Word processing		YES	NO	YES	NO
Writing		YES	NO	YES	NO
Other:		YES	NO	YES	NO
Other:		YES	NO	YES	NO
Other:		YES	NO	YES	NO

12. Based on your job tasks, please list the tasks that you propose to regularly do at home when telecommuting. If you are dependent on the PC for work, list the tasks that you propose to do if the system is "down".

13. What is your proposed telecommuting schedule?

In Office: Days: M T W R F **At Home:** Days: M T W R F
Hours: - - - - - Hours: _ _ _ _ _

Proposed starting date: _____ Core work hours: _____

14. Telecommuting would affect how I conduct my work in the following way:

15. Do you/will you have a dedicated internet connection for the computer? YES NO

16. The following best describes my knowledge of my job:

- I am new to my job and still learning how to do it.
- I know much of what my job requires, but still need instruction in some areas.
- I know my job very well.
- My projects change frequently and involve new training that might interfere with a regular telecommuting schedule.

17. Please indicate the type of home environment you would be working in. NOTE: It is your responsibility to notify your insurer about working in the home and to provide evidence of general liability coverage.

	Agree Strongly	Agree Somewhat	Disagree Somewhat	Disagree Strongly	Not Applicable
A. My family (or household members) are supportive of my working at home.					
B. My working at home will have an impact on the activities of household members.					
C. If others will be home, I am concerned about potential distractions while I am working.					
D. I will be able to take care of home chores when working at home.					

18. I have a suitable room, or part of a room that I could use as a home office. YES NO

- A. Could this area be a permanent home office? YES NO
- B. I would have to set up and take down a work area each day I telecommute. YES NO

19. Please indicate all of the following that apply to your household:

- I have preschool-aged children, and child care is currently in place.
- I have school-aged children.
- I have a dependent parent who lives in our household.
- None of the above apply to my household.

20. I have the following computer equipment & software:

	In my office:	In my home:
Computer Brand (e.g. IBM compatible, Macintosh, etc.)		
Operating System & Version (e.g. Windows for Workgroups, OS/2, Mac OS, DOS)		
Chip if IBM (e.g. Pentium, Model # if Macintosh)		
Amount of memory		
Hard Drive Size		
ISDN data lines (Yes/No)	Yes / No	Y / N I'll use ISDN at home: Y/N
Laptop computer available (Yes/No)	Yes / No	Yes / No
Software that you will need to do work at home (include version):	In office:	At home:
Other:		
Other:		

NOTE: It is your responsibility to ensure that your personal property is insured.

21. Will the computer you use at home have sufficient RAM and disk space to run office software? YES NO

22. What security measures will you take regarding data and equipment?

23. List all personal property, if any, that you will use for business purposes (smoke detector, surge protector, multiple outlet strip, desk, task lighting, chair). NOTE: All equipment used by you, whether provided by the agency or by you, should be ergonomically correct.

24. Internet Access:

A. What is your internet provider name? _____

B. Who handles your office computer support at this time? _____

C. Do you currently have a modem on your home computer? YES NO
What is the speed and model of your modem? _____ Manufacturer _____
What is the speed of the serial port? _____

D. What E-mail package do you have at work? _____
Do you have it at home too? YES NO

25. I have the following concerns about telecommuting that I want to discuss with my supervisor:

26. I have the following concerns about telecommuting that I want to discuss with my co-workers:

27. Indicate which of the following reference materials you have been given to review prior to any telecommuting approval that may be granted:

- DOA Online Office Ergonomics Self-Tutorial
 Safety and Ergonomic Checklists

Employee Signature

Date

List all Costs/Expenses Associated With this Telecommuting Request and Who Should Pay for Them:

List all State property to be kept in employee's home:

Does the employee work in a state other than Wisconsin? Yes No

(If the answer is "Yes", contact the Worker's Compensation Section of the DOA Bureau of State Risk Management for assistance.)

Supervisor Signature

Date

APPENDIX 2

Telecommuting Agreement Form

Employee Name: _____ Title _____

Supervisor: _____ Agency: _____

This document specifies the details of an individual's telecommuting work arrangement with their supervisor. This Agreement is to be completed in combination with training. Individuals should read the Telecommuting Policy and undergo training before signing. The safety and ergonomic checklists should be completed prior to this Agreement, and the employee should have also viewed the online Office Ergonomics Self-Tutorial. When all signatures are present, the employee is

authorized to begin telecommuting. **This telecommuting Agreement may be discontinued by either the employee or the agency at any time without cause, subject to a two-week notice.**

I. Telecommuting Work Hours, Designated Workplace & Accessibility

A. Telecommuting Days

- Number of telecommuting days per week _____
- Day(s) of the Week (circle all that apply): Monday Tuesday Wednesday Thursday Friday
- Will these days be regular each week? _____ YES _____ NO
- Participation in the Telecommuting Program will begin on _____

B. Telecommuting Hours

- Core working hours at home: _____ to _____ ; _____ to _____
- Other arrangements, direction for "down time" if dependent on PC for work, attending training & meetings in the office and related expenses: _____

C. Designated Workplace

- Work location address on telecommuting days _____
- Home work office is a: _____ Separate Room _____ Portion of a room (room: _____)
Please describe briefly: _____

- What type of space will be set aside for storing files and equipment? _____

- Criteria for maintaining the premise: _____

- Alternate work site in the event the above designated workplace is not available: _____

NOTES: The employee should notify his/her supervisor of any change in residence, as the new residence should be reviewed for approval under a new telecommuting agreement.

The agency has the right to inspect the premise with reasonable notice and reserves the right to inspect the premises post-injury. The agency reserves the right to investigate circumstances associated with third-party subrogation claims.

The employee should annually supply a certificate of insurance coverage. The State self-insures its own property. The state does not insure cash or securities.

Prohibited at-home activities while telecommuting include, but are not limited to:

- Non-work activities, including basic homemaking tasks such as dishes, laundry, substance abuse, etc.
- Meetings and visitors, unless pre-approved and kept to a minimum. Most meetings should take place at the agency office.
- Child care and elderly care.

The employee should take personal leave time to accommodate personal business at his/her home and should notify the supervisor of this leave time.

All work rules apply to the telecommuting employee. All injuries should be promptly reported by the employee to the supervisor.

D. Communication and Accessibility

• **Telephone coverage when telecommuting**

Employee's Home Phone Number: _____

Employee and supervisor authorize the following people to have this number and to contact the employee for business purposes only on telecommuting days:

Calls will be forwarded to Home Number YES NO

Receptionist/Coworker will take Calls: YES NO

Designated Person: _____

Employee will call-in on telecommuting days to:

Supervisor Receptionist Designated Coworker: _____

Not Applicable Other: _____

Other designated procedures/emergency contacts _____

• **Electronic Mail**

The telecommuter shall use E-mail when working at home: YES NO

If yes, how often shall the telecommuter check their E-mail: _____

• **Telecommuting Partner/Office Liaison**

A telecommuting partner is a colleague who acts as a central office liaison when an employee is telecommuting. This person may already be a partner on projects.

Will there be an office contact? YES NO Designated Person: _____

Responsibilities will include: _____

II. Telecommunications & Equipment Costs

Telecommuting equipment needs vary for each individual, depending on the designated tasks and access the supervisor and employee agree upon for work hours at home. Based on the tasks the employee and the supervisor have agreed upon, please define below the telecommunications needs, costs, who is responsible for costs and basic (if any) equipment costs.

A. Telecommunications:

Work Site: Employee work site is in (Town/City) _____
 Local Phone Company: _____
 Existing phone service at home site includes:
 ___ 1 line ___ 2 lines ___ Call-waiting ___ ISDN Other: _____

For telecommuting work purposes, the employee and agency have determined that the following telecommunications need to be added at the home work site:

<u>Equipment Needs for Telecommuting</u>	<u>Agency Pays</u>	<u>Employee Pays</u>
___ Additional/Business Dedicated Phone Line	-	_____
___ Installation Charge	_____	_____
___ Monthly Phone Charges	_____	_____
___ Other:	_____	_____

If there is any specific information or additional specifications regarding telecommunication needs, please specify below:

B. Office Equipment and Supplies:

The following office equipment (not including computer equipment) will be purchased/loaned to the employee for telecommuting.

<u>Equipment/Supplies</u>	<u>Provided by:</u>	<u>Paid by:</u>
___ Telephone	Agency ___ Employee	Agency Employee
___ Desk	Agency ___ Employee	Agency Employee
___ Chair	Agency ___ Employee	Agency Employee
___ Smoke detector	Agency ___ Employee	Agency Employee
___ Surge protector(s)	Agency ___ Employee	Agency Employee
___ Multiple outlet strip(s)	Agency ___ Employee	Agency Employee
___ Task lighting	Agency ___ Employee	Agency Employee

III. Computer Equipment, Software, and Technical Support

Equipment/software provided by the state is for business use and should not be used for personal business or by persons other than the employee. The home computer should be programmed to go to lock-up if there has been no activity at the PC for 15 minutes. Backups of all state work should be done with a copy retained off-site, unless the employee is hooked up to the network. The backup should be done no less than once a week and more frequently depending on the type of work the employee is doing.

A. Computer Equipment

MONITOR Property of: _____
 Inventory # _____ Serial # _____
 Model/Description: _____

KEYBOARD Property of: _____
 Inventory # _____ Serial # _____
 Model/Description: _____

MODEM Property of: _____
 Inventory # _____ Serial # _____
 Model/Description: _____

Supervisor Signature

Date

Human Resources Representative

Date

Personal Waiver of Liability to Comply with Requirement of Telecommuting Policy

In consideration for being allowed to work at home, and except as otherwise provided by law, I and my heirs and assigns hereby agree to release the State of Wisconsin and _____ (agency) _____ and all its officers, employees, and agents from any and all liability, including claims, demands, losses, costs, damages, and expenses of every kind and description including injury, death, or damage to my property, which arises out of, in connection with, or occurs during my participation in this program.

EMPLOYEE

SIGNATURE: _____ DATE: _____

APPENDIX 3

Telecommuting Safety Checklist

The following checklist is designed to 1) help you assess the safety of your alternate work area, and 2) facilitate communication and clarify expectations between employees and employers with respect to **safety issues**. **Please read and answer each question.** Upon completion, please sign and review the checklist with your supervisor. **Note: A no response to the following questions does not automatically disqualify an employee from telecommuting.**

Name: _____ **Job Title:** _____

Agency/Institution: _____ **Work Unit:** _____

Home Address: _____

		Yes	No
1.	Are lighting levels adequate for the work that is being performed?		
2.	Are the stairs with four or more steps equipped with handrails?		
3.	Is all electrical equipment free of recognized hazards such as frayed or loose wires?		
4.	Are electrical cords double insulated and/or equipped with three prong plugs?		
5.	Are there enough electrical outlets in the work area with sufficient electrical capacity to avoid overloading?		
6.	Are surge protectors, with a built in circuit breaker, used for computers, and printer?		
7.	Are halls, doorways, corners, work areas and exits free of obstructions and tripping hazards?		
8.	Are file cabinets and the computer workstation level and stable?		
9.	Is the work area maintained within a temperature range of 68 to 76 degrees?		
10.	Are phone lines and electrical cords secured and out of the way?		
11.	Is the carpet or tile in the workspace secure and free of tears, lumps and loose pieces?		
12.	Are materials arranged and/or stored within easy reach?		
13.	Is a smoke detector located on each level of the home and are the batteries changed at least semi-annually?		
14.	Are the stairs and sidewalks outside the premises in good condition and free of tripping hazards?		
15.	Are emergency phone numbers for the local fire and police departments and the nearest hospital clearly posted?		

Comments: _____

Signature of Employee: _____ **Date:** _____

Signature of Supervisor: _____ **Date:** _____

Please complete the checklist on the reverse side.

Telecommuting Ergonomic Checklist

The following checklist is designed to 1) help you determine if your workstation is properly arranged from an ergonomic perspective, and 2) facilitate communication and clarify expectations between employees and employers with respect to **ergonomic** issues. **Please read and answer each question.** Upon completion, please sign and review the checklist with your supervisor. **Note: A no response to the following questions does not automatically disqualify an employee from telecommuting.**

		Yes	No
1	Is your chair adjustable?		
2.	Is your back fully supported by a backrest?		
3.	Are your thighs parallel to the floor and your knees at a 90-110 degree angle when sitting at your workstation?		
4.	Are your feet flat on the floor or supported by a footrest?		
5.	Is the monitor approximately 18-30 inches from your eyes? Note: If you work with a monitor which is <u>17 inches or larger</u> , you may need to move the monitor a few inches farther away.		
6.	Is the top of the monitor slightly below your eye level? Note: If you wear prescription glasses, you may need to position the monitor differently.		
7.	Is the monitor directly in front of you?		
8.	Is the screen positioned to minimize glare and reflections from overhead lights, windows and other light sources?		
9.	Are documents placed next to the monitor and at the same distance height as the screen? If not, use a document holder.		
9.	Is the height and angle of the keyboard adjusted to keep your wrist in a straight (neutral) position?		
10.	Are your elbows bent at a 90-degree angle when your hands are resting on the keyboard?		
11.	Is the screen's brightness and contrast controls set for optimal viewing?		
12.	Is your head upright and shoulders relaxed when you are looking at the screen?		
13.	Is the mouse positioned close to the keyboard and at the same level?		
14.	Do you have adequate leg room under your desk?		
15.	Are your arms and elbows close to your body when typing?		
16.	Do you use a headset or speaker phone if you use the phone frequently?		
17.	Do you periodically change positions, stand up and/or stretch?		

Comments: _____

Signature of Employee: _____ **Date** _____

Signature of Supervisor: _____ **Date** _____

Please complete the checklist on the reverse side.