



# City of Los Angeles Emergency COVID-19 Telecommuting Application and Agreement

Step 1: Employees - complete sections I-IV of this **Emergency COVID-19 Telecommuting Application and Agreement**. Sections V-VI are to be completed by your supervisor / department management.  
Step 2: Complete a **Self-Certification Safety Checklist** for your telecommuting work location.

## I. EMPLOYEE INFORMATION

Employee ID:			
Name:		Job title:	
Department:		Division/Unit:	
Supervisor's Name:		Supervisor's Email:	
Commute distance from home to regular work location (in one-way miles):			

## II. TELECOMMUTE INFORMATION

<b>Reason for Requesting Telecommuting:</b>	
<input type="checkbox"/> Mandatory Isolation (medical professional or government health) <input type="checkbox"/> Quarantine (contact with COVID-19 patient) <input type="checkbox"/> <b>Self</b> <input type="checkbox"/> <b>Other:</b> _____ <input type="checkbox"/> Child Care (school closure) <input type="checkbox"/> Other: _____	
This agreement will run from:	_____ to _____
How will you report your time?	_____
Regular Work Address:	_____
Telecommute Location Address:	_____

<b>REQUESTED FREQUENCY:</b>
<input type="checkbox"/> Occasionally, for special projects <input type="checkbox"/> Less than once a month <input type="checkbox"/> One day a month <input type="checkbox"/> One day every pay period <input type="checkbox"/> One day a week <input type="checkbox"/> Two days a week <input type="checkbox"/> Three days a week <input type="checkbox"/> Four days a week <input type="checkbox"/> All the time, with scheduled office visits <input type="checkbox"/> Other: _____
<b>REQUESTED WORK SCHEDULE WHILE TELECOMMUTING:</b>
Regular Start Time of Shift: _____ Regular End Time of Shift: _____

## TELECOMMUTING EQUIPMENT

Required equipment:	Indicate if your equipment is City-owned or personal:
<input type="checkbox"/> Computer	
<input type="checkbox"/> Printer	
<input type="checkbox"/> Other (please specify below): <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	
Required supplies (please specify below):	Indicate if your supplies are City-owned or personal:
1.	
2.	
3.	
Required software/systems:	
<input type="checkbox"/> City network	
<input type="checkbox"/> Email	
<input type="checkbox"/> List other(s) below: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	

## TELECOMMUTING WORK PLAN

Work you will perform while telecommuting:

## SECURITY

Will your work require physical files normally maintained in the office?  Yes  No  
If yes, describe type of files: \_\_\_\_\_

Do you need physical security of information, data, and/or materials you work with? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, what information security issues can you anticipate (Please be specific):

Method of communication while telecommuting:		
<input type="checkbox"/> Phone	Phone number:	
<input type="checkbox"/> Email	Email address:	
<input type="checkbox"/> Text	Phone number:	
<input type="checkbox"/> Other (please specify):		
At a minimum, how many times will you check your email each day?		
At a minimum, how many times will you check your voicemail on your work phone each day?		
At a minimum, how many times will you check-in with your supervisor each day?		
How do you plan to check in with your supervisor?		

### III. WORK AND EMPLOYEE CHARACTERISTICS

Please rate the following according to your position requirements.	High	Med	Low
Amount of face-to-face contact required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to organize/schedule meetings for pre-determined time periods.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Degree of telephone communication required.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doing work independently.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to control and schedule work flow.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amount of in-office reference materials required.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependence upon support staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please rate the following according to your own personal characteristics.	High	Med	Low
Need for supervision, frequent feedback.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of organizational and planning skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discipline regarding work/meeting deadlines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability concerning work hours.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer literacy level.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Desire/need to be around people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential interruptions at home if telecommuting (e.g., child care, elder care)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level of job knowledge.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Productivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### IV. EMPLOYEE ACKNOWLEDGEMENTS

I understand and agree to the requirements of the Emergency COVID-19 Telecommuting Policy as follows:

1. Once I have been conditionally approved to telecommute, my supervisor and I must complete the attached Telecommuting Application.
2. Each Department, Bureau, or Office shall adopt rules to cover specific areas particular to their operations or structure.
3. Telecommuting employees must comply with all City rules, policies, and practices. There are no distinctions in rates of pay and benefits between telecommuting and non-telecommuting employees. Telecommuting does not change the duties, obligations, responsibilities, or terms and conditions of City employment.
4. Telecommuters are regular employees entitled to the same rights, benefits, and opportunities as non-telecommuters for promotion, career development, and access to training.
5. Telecommuters without COVID-19 restrictions shall have opportunities to meet (virtually when necessary) with their telecommuting and non-telecommuting colleagues in order to feel included in work activities.
6. Telecommuters shall have the same rights and access to representation as their colleagues.
7. Telecommuters must perform work during their scheduled telecommuting hours. Hours an employee is credited as telecommuting must be used exclusively for City-related duties; such time may not be used performing duties for another employer, self-employment, volunteer/charitable functions, or engaging in activities that would not be permitted at the regular worksite.
8. Accidents at a telecommuter's home to persons who are not employees of the City of Los Angeles or are not engaged in City work activities are the responsibility of the telecommuter.
9. Telecommuters should work their normal work hours, unless an alternative work schedule has been given prior approval by the telecommuter's supervisor and meets operational needs.
10. Work to be performed by telecommuters is to be based on prior mutual agreements between the telecommuter and the supervisor as to the work goals and objectives. Specific arrangements as to scheduling, accessibility, methods and frequency of communication, and the expectations and evaluation of work shall be made between the telecommuter and supervisor and approved by the Department/Bureau management, if required.
11. Telecommuters are to copy their supervisor on all email messages, if requested.
12. The City is not required to provide telecommuting employees with materials or supplies needed to establish an alternate worksite (desk, chair, computer, file cabinet, software, cell phone, copier, etc.) and assumes no responsibility for set-up or operating costs (telephone, internet services, home utilities, space rental, etc.). The City may, however, elect to provide necessary software and electronic equipment, if available. The City is not responsible for and under no obligation to provide or reimburse for any costs associated with participation in the telecommuting program.
13. Telecommuters may use their personal computer equipment and/or software for telecommuting, at their own expense, provided that it is compatible with City computers, "virus free", and software used for City related work is licensed. All City rules regarding the use of computers and internet apply while an employee is telecommuting, regardless of whether the employee is using City-provided or personal equipment.
14. Telecommuters are responsible for protecting City information which is in their possession, or which is accessible through the use of equipment in their possession, regardless of their work location. Any sensitive information in a telecommuter's possession must be given at least the same or equivalent physical protection as would be used or available in the telecommuter's principal office.
15. The City retains the right to inspect home offices and computer equipment/software for safety, adequacy, and security.
16. Departments/Bureaus have the sole discretion to provide equipment, software, or supplies, or allow employees to use their personal equipment while telecommuting. Departments/Bureaus that agree to these provisions should address this clearly in their telecommuting agreement. Telecommuters may not use City equipment or software to perform work for any other employers.
17. The City is not responsible for the portion of home utilities costs or space rental that is attributable to a telecommuter's telecommuting activities.
18. Employees will take all legally required work breaks while telecommuting.

- I will notify the City if I'm experiencing symptoms of or diagnosed with COVID-19.
- I agree to accurately record and submit the hours I work while telecommuting and follow the regular procedures in place for requesting compensated time off.
- 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 have discussed this application and agreement with my supervisor. I agree to comply with all terms and conditions in this telecommute application and agreement. I understand that my telecommuting agreement can be ended once the emergency COVID-19 situation is over.

Employee Signature

Date

## V. SUPERVISOR REVIEW AND APPROVAL

Do you agree with the responses provided by the employee re: work and employee characteristics?  Yes  No  
 IF NO, if you feel any of these characteristics (as they apply to this employee) are likely to make telecommuting unsuccessful, please indicate your reasons:

Approved

Not Approved

Name:		Title:	
-------	--	--------	--

Supervisor Signature

Date

## VI. DEPARTMENT-LEVEL REVIEW AND APPROVAL (if needed)

Approved

Not Approved

Name:		Title:	
-------	--	--------	--

Signature (if required)

Date

The telecommuting employee and his/her supervisor should each have a completed copy of this Agreement. In addition, your department Personnel Officer/Section should be sent a copy for your department's records.



# Emergency COVID-19 Telecommuting Self-Certification Safety Checklist

Even in a time of emergency, work location safety is important. The following checklist is designed to raise your awareness of potential safety issues so you can address them. Please read and complete the self-certification safety checklist below. **This self-certification safety checklist must be completed and updated if any changes occur in the work location.**

EMPLOYEE INFORMATION	
Employee ID:	
Name:	Job Class:
Department:	Dept.#/Div.#
Alternate Work Address:	
Describe the alternate work space type (Home, etc.):	

#	General	YES	NO
1	Workspace is away from noise, distractions, and is devoted to your work needs.		
2	Workspace can allow you to work comfortably (have adequate ventilation, temperature, and lighting) and can accommodate workstation, equipment, and related material.		
3	Carpet and/or flooring materials are properly secured to the floor; floors are clear and free of tripping hazards.		
4	Phone lines/electrical cords, etc. are secured under the desk/workstation or along wall, and away from heat sources.		
5	Workspace is free of trash, clutter, and flammable liquids.		
#	Emergency Preparedness and Fire Safety	YES	NO
6	Emergency phone numbers (family contact, hospital, fire department, police department) are readily available.		
7	A first aid and emergency/ earthquake preparedness kit is easily accessible and replenished as needed.		
8	An evacuation/escape plan is available in the event of a fire or other disaster.		
9	A fully charged portable fire extinguisher is easily accessible and serviced/maintained as required by law.		
10	A working smoke detector and/or fire alarm is in close proximity to the workspace.		
11	Doors and exit routes are clear and free from obstructions.		
#	Electrical Safety	YES	NO
12	Sufficient number of electrical outlets are available to plug-in the necessary equipment		
13	Electrical system is adequate for office equipment.		
14	All electrical plugs, cords, outlets, and panels are in good condition with no exposed/damaged wiring.		
15	All circuit breakers or fuse panels are properly maintained and accessible.		
16	Computer equipment is connected to a surge protector.		

17	All extension cords have grounding conductors.		
18	Office equipment can be placed close to electrical outlets to avoid tripping over cords.		
19	Extension cords and power strips, if used, will not be daisy chained; extension cords do not run under the carpet, through a wall, over a beam, or through a doorway or window.		
#	<b>Computer Workstation</b>	<b>YES</b>	<b>NO</b>
20	Know how to set up workstation and chair for safe use.		
21	You are able to work at your desk without a lot of reaching, bending or twisting.		
22	Work chair is adjustable.		
23	Chair casters (wheels) are secured and sturdy.		
24	When seated, your feet are flat on the floor or adequately supported by a footrest.		
25	When seated, your knees are bent at right angles and thighs parallel to the floor.		
26	When seated, your back is adequately supported by a backrest.		
27	When seated, you have enough leg room to allow free leg movement without obstruction.		
28	Armrests (if using) is at resting elbow height such that shoulders are in a relaxed position (not hunched up); armrests are out of the way while typing, mousing or writing surfaces.		
29	Computer monitor is located directly in front of you and lined up with the keyboard at a comfortable viewing distance without straining your eyes.		
30	Monitor height is/can be adjusted such that top third of the monitor screen is at eye level or just below.		
31	Overhead lights, windows, and other light sources is not causing glare and reflection on the monitor screen.		
32	Keyboard height promotes relaxed arms with your forearms parallel with the floor.		
33	Mouse can be placed at the same level next to the keyboard close to you.		
34	Shape of my mouse is appropriate and comfortable.		
35	Items on the workstation is arranged by frequency of use to reduce or eliminate hyper extensions.		
#	<b>Security Measures</b>	<b>YES</b>	<b>NO</b>
36	Files and data are/can be secured		
37	Materials and equipment are/can be in a secured place protected from damage and misuse.		
38	You have an inventory of all City equipment including serial numbers if applicable.		
39	Use and keep up-to-date anti-virus software, run regular scans.		

By my signature below, I understand that:

- I am expected to maintain my alternate workspace in a safe manner, free from safety hazards.
- I must notify my supervisor immediately if I move or modify my workspace and must submit a new **self-certification safety checklist**.
- My alternate workspace is subject to inspection by City management or its designees, with at least 24 hours advance notice, on telecommuting days during my assigned work hours.

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

\_\_\_\_\_  
Date