



Policy Series #: 4000 – Human Resources
Policy Manager: Celeste Ruble
Telecommuting Policy & Agreement Form

PURPOSE: The purpose of this policy is to allow supervisors to temporarily assign staff members an off-site work location to complete specific college or departmental projects. Consideration should be taken that the employee's telecommuting schedule does not disrupt or slow the department's workflow and is mutually productive for both the employee and the college.

APPLICABILITY: This policy is applicable if telecommuting for purposes of a working assignment is not already defined as part of the job description. Telecommuting is continuous in nature for a defined period with a clearly stated beginning and end date with supervisor approval.

DEFINITIONS: N/A

TELECOMMUTING EXPECTATIONS: I agree to perform services for Riverland Community College as a Telecommuter to meet the needs of college operations. I understand that telecommuting is voluntary and may be terminated at any time by Riverland Community College or me, with or without cause.

1. I agree that my duties, obligations, responsibilities, and conditions of employment with Riverland Community College remain unchanged. My salary, retirement, benefits, and state-sponsored insurance coverage remain unchanged.
2. I agree that my work hours, overtime compensation, if any, vacation, sick leave and other terms and conditions of employment will conform to the current collective bargaining agreement and meet the terms agreed upon with my supervisor.
3. I agree to restrict use of any state-provided equipment, software, data, supplies and furniture located in my remote work site to my use solely for purposes of conducting Riverland Community College business.
4. I agree to designate a remote work space subject to the approval of my supervisor. The work space will accommodate any equipment to be used in my work, and I will protect the work space from any hazards and dangers that could affect the equipment and me.
5. In the event of equipment malfunctions, I agree to notify my supervisor immediately. If the malfunction precludes me from working on my telecommuting work assignment, I understand that I will be assigned other work and/or work location pending the repair of my equipment. If state-owned equipment malfunctions, Riverland Community College will take expedient action to complete the repairs or provide alternate equipment.
6. With advance notice, I agree that Riverland Community College representatives can make on-site visits to my remote work location to determine that the work area is suitable, safe, and free from hazards, and to maintain, repair, inspect, or retrieve Riverland Community College-owned equipment, software, data, and/or supplies.
7. I agree to be liable for injuries to third persons and/or members of my family at my home work location.

8. I agree that my remote work space is considered an extension of my Riverland Community College work space and therefore I am governed by the provisions of worker's compensation. If I have a job-related accident during my telecommuting hours, I will report it to my supervisor immediately.
9. I agree that any software, products, documents, reports, or data created as a result of my work-related activities are owned by Riverland Community College.
10. I agree to return any state-owned equipment, software, products, documents, and data if I leave my employment with Riverland Community College or if I go on an extended leave of absence
11. I agree to comply with all state laws and Riverland Community College policies, including the Riverland Community College Policy on Telecommuting. I understand that failure to comply may result in loss of telecommuting privileges and/or disciplinary measures.

LIST RELATED POLICIES, PROCEDURES, PLANS AND FORMS HERE:

TELECOMMUTING AGREEMENT FORM

1. Employees must complete the Telecommuting Agreement Form and submit it to their supervisor to review and approve/deny.
 2. Supervisors will forward signed Telecommuting Agreement Form to Human Resources.
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Riverland Council Initial Review: 9/8/2016

AASC Review (if applicable):

FSGC Review (if applicable): 9/14/2016

Riverland Council Final Approval / Policy Adoption: 10/13/2016

Date & Subject of Revisions:



EMPLOYEE INFORMATION:	
Remote Work Location: (select one): <input type="checkbox"/> Albert Lea Campus <input type="checkbox"/> Albert Lea Campus <input type="checkbox"/> Owatonna Campus <input type="checkbox"/> Employee Residence <input type="checkbox"/> Other (Specify)	
Employee Name:	
Employee Address – City/State/ZIP:	
Description of designated work space at remote work location:	
TELECOMMUTING SCHEDULE (select one):	
<input type="checkbox"/> On a weekly basis – M Tu W Th F <input type="checkbox"/> On a monthly basis (Specify regular telecommuting days – e.g. 1 st Tu) <input type="checkbox"/> To be determined by supervisor	
Core Hours:	
Begin Date:	End Date:
EQUIPMENT:	
Description(s):	I.D. Number(s) (please provide)
EMPLOYEE REMOTE ACCESS TO DATABASES & INFORMATION SYSTEMS (if any) and/or Non-Riverland Community College equipment, software and data permitted to be used with Riverland Community College assets or Riverland Community College Database or information systems:	
Item(s):	Riverland Community College Assets/Information Systems item can be used with:
FREQUENCY & TYPE OF CONTACT – EMPLOYEE AGREES TO:	
Contact the permanent work location to obtain messages at least ____ times per day. Conditions/expectations/performance measures agreed upon by the employee and supervisor include:	
SIGNATURES & DATES:	
Employee _____ Date:	Supervisor _____ Date:
EMPLOYEE has read and accepted the terms and conditions as stated on this Agreement, as well as any related state laws and Riverland Community College policies, procedures, forms, and/or expectations involving telecommuting, safety, data security, workers compensation, and other related matters	SUPERVISOR agrees to the terms and conditions outlined in this Agreement and approves the Employee’s Telecommunication plan as specified above.
TO BE COMPLETED BY HUMAN RESOURCES:	
Date/Time Received:	
Signature:	