



COSTA MESA SANITARY DISTRICT

Telecommuting Agreement

I, _____ (“Employee”), have read *Policy 2.15 Telecommuting* and the *Telecommuting Agreement* (“Agreement”) in their entirety and I agree to abide by the terms and conditions they contain. I understand and agree that the Agreement is contingent upon General Manager approval. Approval does not imply entitlement to a permanently modified position or telecommute arrangement.

I understand and agree that the Agreement is voluntary and may be terminated at any time. I further understand that the District may, at any time, change any or all of the conditions under which approval to participate in the Agreement is granted, with or without notice.

I understand that I am solely responsible for the configuration of, and all the expenses and services associated with the remote workplace.

I agree to maintain a safe work environment and to hold the District harmless for injuries to myself that are not related to work activities at the telecommuting location. I agree to report any work-related injuries to my supervisor at the earliest reasonable opportunity

I agree to provide a secure location for District-owned equipment and materials, and will not use, or allow others to use, such equipment for purposes other than District business; and agree that the District is entitled to reasonable access to its equipment, materials, information, and work product. I understand that I am responsible for ensuring that all such District owned items are properly used and maintained.

I agree to and understand my duties, obligations, and responsibilities. I agree to abide by the terms of the District’s telecommuting policy and procedures. This Agreement does not supersede the terms of the existing employment relationship. I understand that I remain obligated to comply with all District rules, policies, practices, and instructions that would ordinarily apply if the employee were working at their regular District worksite. I also understand it is my responsibility to provide adequate advance notification to my



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supervisor if I am unable to keep any of the agreed upon commitments and/or deliverables. If I fail to do so, I understand this Agreement may be immediately terminated.

This Agreement is effective on _____ (Date) and will remain in effect until the Agreement is terminated.

Alternate Worksite: The telecommuting site location is:

Street _____

City _____ Zip Code _____

The phone number to reach Employee at the Alternate Worksite under this Agreement:

Phone Number _____

Work Schedule. Employee's regular telecommuting day(s):

Monday Tuesday Wednesday Thursday Alternate Fridays

Non-exempt employees: Please complete this schedule:

Day	Start Time	Lunch	End Time	Total Hours



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SAFETY CHECKLIST FOR TELECOMMUTING EMPLOYEES

Telecommuting employees should review this checklist with their manager prior to the start of telecommuting, and they are encouraged to work together to ensure the safety of the alternate worksite.

Worksite

- ✓ Telecommuter has a clearly defined workspace that is kept clean and orderly.
- ✓ The work area is adequately illuminated with lighting directed toward the side or behind the line of vision, not in front or above it.
- ✓ Exits are free of obstructions.
- ✓ Supplies and equipment (both District and employee-owned) are in good condition.
- ✓ The area is well ventilated and heated when necessary.
- ✓ Storage is organized to minimize risks of fire and spontaneous combustion.
- ✓ All extension cords have grounding conductors.
- ✓ Exposed or frayed wiring and cords are repaired or replaced immediately upon detection.
- ✓ Electrical enclosures (switches, outlets, receptacles, junction boxes) have tight fitting covers or plates.
- ✓ Heavy items are securely placed on sturdy stands close to walls.



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- ✓ Computer components are kept out of direct sunlight and away from heaters.

Emergency Preparedness

- ✓ Emergency phone numbers (hospital, fire department, police department) are available at the alternate worksite.
- ✓ A first aid kit is easily accessible.
- ✓ An earthquake preparedness kit is easily accessible and maintained in readiness.

Ergonomics

- ✓ Desk, chair, computer, and other equipment are of appropriate design and arranged to eliminate strain on all parts of the body.

I hereby affirm by my signature that I have read *Policy 2.15 Telecommuting* and this *Telecommuting Agreement* and understand and agree to the terms and conditions contained therein.

Employee's Signature

Date

Employee's Supervisor Signature

Date

General Manager's Signature

Date