



City of Alameda TELECOMMUTE APPLICATION AND AGREEMENT FORM

Per the City of Alameda's Telecommute Policy, this Telecommute Application and Agreement form must be completed and approved by the employee's supervisor and Department Head prior to the employee engaging in a telecommute arrangement. Following the Telecommute Policy, an employee may telecommute on regular and reoccurring or occasional basis, and is subject to the discretion of management. The maximum length of this agreement is one year, a new telecommute application must be filed prior to the expiration of the current agreement or if the employee has changes to their schedule or Designated Alternative Work Location.

Sections one (1) through three (3) are for the employee to complete. Section four (4) is for supervisors and Department Heads to review and approve the telecommute agreement. Section five (5) is to be used only in the appeal process seeking City Manager review or City Attorney review for City Attorney appointed employees of the Department's denial to telecommute.

Employees who have been approved to telecommute must review and acknowledge the City's Telecommute Policy. This policy can be found online at www.alamedaca.gov/hr or by contacting Human Resources at hr@alamedaca.gov.

I. EMPLOYEE INFORMATION

Name: _____ Job Title: _____
Department: _____ Direct Supervisor: _____
FLSA Status: Exempt ☐
 Non-Exempt ☐

II. TELECOMMUTE REQUEST INFORMATION

- A. I request to telecommute for the period _____ to _____.
B. My Regular Work Schedule is: _____ through _____; ____ AM to ____ PM
C. I request to Telecommute on a:

- ☐ Regular & Recurring Basis

Requested Schedule (Telecommute Days & Times):

- ☐ Monday ____ AM to ____ PM
☐ Tuesday ____ AM to ____ PM
☐ Wednesday ____ AM to ____ PM
☐ Thursday ____ AM to ____ PM
☐ Friday ____ AM to ____ PM

- ☐ Occasional Basis*

Describe the conditions/circumstances under which you request to telecommute:

*Note to telecommute on an occasional basis you will need to seek approval from your supervisor prior to each occurrence of telecommuting.

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- D. My Designated Alternative Work Location is: _____. Located at (address): _____.
- E. While Telecommuting I Can Be Reached by Phone at: _____.
- F. Telecommuting Equipment and Access Requirements:

| Required/Needed Equipment (Hardware) | | Required/Needed Access (Software/Systems) | |
|-----------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------|------------------------------------------------------------------------------------------|
| Computer/Laptop: | <input type="checkbox"/> Have <input type="checkbox"/> Need <input type="checkbox"/> N/A | City Network (VPN) | <input type="checkbox"/> Have <input type="checkbox"/> Need <input type="checkbox"/> N/A |
| Mouse: | <input type="checkbox"/> Have <input type="checkbox"/> Need <input type="checkbox"/> N/A | Email: | <input type="checkbox"/> Have <input type="checkbox"/> Need <input type="checkbox"/> N/A |
| Keyboard: | <input type="checkbox"/> Have <input type="checkbox"/> Need <input type="checkbox"/> N/A | Other: | <input type="checkbox"/> Have <input type="checkbox"/> Need <input type="checkbox"/> N/A |
| Other: | <input type="checkbox"/> Have <input type="checkbox"/> Need <input type="checkbox"/> N/A | Other: | <input type="checkbox"/> Have <input type="checkbox"/> Need <input type="checkbox"/> N/A |
| Other: | <input type="checkbox"/> Have <input type="checkbox"/> Need <input type="checkbox"/> N/A | Other: | <input type="checkbox"/> Have <input type="checkbox"/> Need <input type="checkbox"/> N/A |

III. EMPLOYEE ACKNOWLEDGEMENTS AND SIGNATURE

I _____, understand and agree to the following conditions:

- I have read and will follow the Telecommute Policy.
- I will remain accessible and productive during scheduled work hours. Furthermore, I agree that if I lose access or the ability to work remotely (i.e., internet loss, device malfunction, etc.) I will notify my direct supervisor immediately and if access issues continue for an hour or more I may be expected to work on site for the remainder of that scheduled work day. Unless able to work during the loss of access, I acknowledge I will be required to make up the time or take the time unpaid.
- I will record all hours worked and meal periods taken in accordance with regular timekeeping practices (non-exempt employees).
- I will obtain supervisor approval prior to working unscheduled overtime hours (non-exempt employees).
- I will report to the employer's work location as necessary upon directive from my supervisor.
- I will communicate regularly with my supervisor and co-workers, which may include a weekly written report of activities.
- I will comply with all City of Alameda rules, policies, practices and instructions that would apply if I were working at the employer's work location.
- I will maintain satisfactory performance standards.
- I will make arrangements for regular dependent care and understand that telecommuting is not a substitute for dependent care.
- I acknowledge that my designated work space complies with all health and safety requirements. I will maintain a safe and secure work environment at all times.
- I will allow the employer, in the event of a workplace investigation and/or reasonable suspicion of misconduct, to have access to the telecommuting location for purposes of assessing safety and security, upon reasonable notice by the City.
- I will report work-related injuries to my supervisor as soon as practicable.
- I agree that City of Alameda equipment will not be used by anyone other than myself and only for business-related work. I will not make any changes to security or administrative settings on

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City of Alameda equipment. I understand that all tools and resources provided by the City shall remain the property of the City at all times.

- I agree that any personal devices (i.e., personal computer or laptop) used to conduct City related business meets and will continue to meet minimum security requirements. I understand that I am responsible for installation, maintenance, and repair of personal equipment. Furthermore, I acknowledge that the Public Records Act regulations apply to any records created on a personal device and may need to be produced pursuant to a public records request.
- I agree to protect City tools and resources from theft or damage and to report theft or damage to my supervisor immediately.
- I agree to comply with City of Alameda's policies and expectations regarding information security. I understand that I will be expected to ensure the protection of City information accessible at my designated alternative work location.
- I understand that all terms and conditions of employment with the City remain unchanged, except those specifically addressed in this agreement.
- I understand that management retains the right to modify this agreement on a temporary or permanent basis for any reason at any time.
- I agree to return City equipment and documents immediately upon request or upon termination of this agreement.

Employee Signature: _____ Date: _____

IV. SUPERVISOR & DEPARTMENT HEAD REVIEW AND APPROVAL

☐ Denied. I have reviewed this telecommute Application and Agreement and do not approve the employees request. The reasons for this denial are:

☐ Approved. I have reviewed this telecommute Application and Agreement form and approve the employee's request to telecommute on a ☐ Regular & Recurring Basis/ ☐ Occasional Basis. The employee's approved telecommute schedule is as follows:

- ☐ Monday _____ AM to _____ PM
- ☐ Tuesday _____ AM to _____ PM
- ☐ Wednesday _____ AM to _____ PM
- ☐ Thursday _____ AM to _____ PM
- ☐ Friday _____ AM to _____ PM
- ☐ Occasional with prior approval.

Supervisor: _____
Name Signature Date

Department Head: _____
Name Signature Date

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V. APPEAL TO HUMAN RESOURCES & CITY MANAGER/CITY ATTORNEY

HUMAN RESOURCES RECOMMENDATION: I have reviewed this telecommute Application and Agreement as well as the department's reasons for denial, the Human Resources Department Recommends the following:

HR Director:

Name

Signature

Date

CITY MANAGER/CITY ATTORNEY DECISION: Upon review of this application, reason for denial by the department, and recommendation from the Human Resources Director:

☐ The denial by the department is upheld.

☐ The denial is modified as follows:

City
Manager/City
Attorney:

Name

Signature

Date