



**CAL POLY POMONA
Telecommuting Agreement**

Telecommuter Information

Employee Name: _____ Employee ID: _____

Classification: _____ Department: _____

Telecommuting Site address: _____

Work Email: _____ Phone #: _____

Telecommuting Start date: _____ End date (if applicable): _____

Telecommuter Work Schedule

Mark the days that you are scheduled to work at the Telecommuting Site (TS) and the days you are scheduled to work on campus (OC). If your telecommuting work hours are different from your normal work hours, list them below. Work hours will be in accordance with Collective Bargaining provision(s).

Weekly Work Schedule Hours and Location

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Location							
Start							
End							

By signing this Agreement, the employee acknowledges that they have received, read, and understood the CPP Telecommuting Policy. Furthermore, the employee agrees to abide by the CPP Telecommuting Policy and this Agreement.

Employee Signature

Date

Appropriate Administrator

Date

Approved _____

Denied _____

Human Resources

Date

A copy of the employee's position description must be attached to this agreement.

cc: Personnel File



CAL POLY POMONA
Telecommuting Work Performance Expectations

The following is a list of the employee's work duties under this Telecommuting Agreement with a notation of whether the duties will be performed on campus, at the Telecommuting Site, or both:

1.

2.

3.

4.

5.

6.

7.

8.

Employee Signature

Date

Appropriate Administrator Signature

Date

**CAL POLY POMONA
TELECOMMUTER'S HOME SAFETY CHECKLIST**

The Telecommuter is responsible for ensuring a clean, safe, and ergonomically sound home/off-site office as a condition for telecommuting. An initial on-site workplace hazards assessment of the home/off-site office may be deemed necessary. All the conditions below should be met and checked off and are the sole responsibility of the Telecommuter. The Telecommuter should review this checklist with their Appropriate Administrator, and must sign it prior to the start of telecommuting:

Alternate Work Location Physical and Ergonomic Conditions

- The Telecommuter agrees to maintain a clearly defined workspace that is clean, free from distractions and obstructions, and is in ergonomically sound condition arranged to work most efficiently and safely.
- The work area is adequately illuminated with lighting directed toward the site or behind the line of vision, not in front or above it.
- Supplies and equipment (both University and employee-owned) are in good condition.
- The area is well ventilated.
- Storage is organized to minimize risks of fire and spontaneous combustion.
- All extension cords have grounding conductors and do not connect to another extension cord.
- Exposed or frayed wiring and cords are repaired or replaced immediately upon detection.
- Electrical enclosures (switches, outlets, receptacles, and junction boxes) have tight fitting covers or plates.
- Surge protectors are used for computer equipment.
- Desk, chair, computer and all other equipment used for telecommuting are of appropriate design and arranged to eliminate strain on all parts of the body.
- Heavy items are securely placed on sturdy stands close to walls.

Emergency Preparedness

- Emergency phone numbers (911, fire, police) are posted near the workstation.
- A first aid kit is easily accessible and replenished as needed.
- There is a working smoke detector in the workspace area.
- Portable fire extinguishers are easily accessible and serviced as required by law.
- An earthquake preparedness kit is easily accessible and maintained in readiness.

By checking each box above and signing below, I certify that all safety conditions are met:

Employee Signature

Date