TRINITY COUNTY
PERSONNEL POLICY

SUBJECT: Telecommuting Policy
POLICY NO.: 2021-07
INITIAL DATE PREPARED: March 27, 2020
LAST DATE REVISED: December 21, 2021
RESOLUTION NO.: 

TABLE OF CONTENTS

I. POLICY STATEMENT ................................................................. 2

II. EQUIPMENT, TOOLS AND SUPPLIES ........................................... 3

III. WORKSPACE AND ENVIRONMENT ............................................. 3

IV. EMERGENCY TELECOMMUTING ................................................. 3-4

ATTACHMENT A: TELECOMMUTING POLICY ACKNOWLEDGEMENT FORM ... 5
ATTACHMENT B: HIPAA & SECURITY AGREEMENT ................................. 6
ATTACHMENT C: COUNTY OF TRINITY TELECOMMUTING WORK PLAN ....... 7
I. POLICY STATEMENT

Remote working is defined for the purpose of this policy as an employee whose work is performed in a site other than their primary work location, typically the employee’s home. An employee who voluntarily wishes to work remotely must meet certain requirements and receive approval from their Department Head or designee.

A. Not all jobs are appropriate for telecommuting. This option will be available to employees by assessment of their Department Head or designee based on the suitability of their daily tasks, office functions, assignments, responsibilities, current and previous work performance and their ability to serve the public.

B. An employee approved for Telecommuting must sign the Telecommuting Policy Acknowledgment Form (Attachment A) which sets forth the terms of approval of telecommuting. This form shall be maintained in the employee’s personnel file in Human Resources.

C. Telecommuting is not available to employees while subject to a performance improvement plan based on the most recent performance review.

D. While telecommuting, Employee will:

- remain accessible during their established telecommute schedule;
- check in with the supervisor to discuss status and open issues on a daily scheduled Telecommuting Work Plan [Refer to Attachment C]. Specific needs of the position may fluctuate due to variations in workload, deadlines or other variables;
- be available for video/teleconferences, phone calls, conference calls, scheduled on an as-needed basis and be dressed appropriately to participate in video conference or virtual meetings;
- provide sufficient internet connection to obtain stable communications and assure data security;
- be available by phone during regular business hours;
- request supervisor approval in advance of working any overtime hours (if employee is non-exempt);
- take rest and meal breaks while telecommuting in full compliance with all applicable regulations; and
- request supervisor approval to use vacation, sick, or other leave in the same manner as when working at employee’s regular work location.
- comply with all standards of conduct and requirements of The County of Trinity’s personnel policies and procedures in the same manner as required when assigned to work in the physical office worksite.
- report any work-related injuries to your immediate supervisor and Risk Management at the earliest possible opportunity and agrees to hold the county harmless for injury to any third party at the home office site.

E. Remote working is voluntary, it is not an entitlement, it is not a county benefit, and it in no way changes the terms and conditions of employment with The County of Trinity. The privilege of telecommuting may be revoked at any given time by employee’s Department Head for any reason.
II. EQUIPMENT, TOOLS AND SUPPLIES

A. The tools, equipment and supplies needed to telecommute will be provided either by the employee, the county or a combination. The specific tools and equipment necessary for each employee shall be within the discretion of the Department Head or designee. Any and all equipment provided by the County is for county business use only and shall be returned in operational condition, upon separation or the end of a telecommuting assignment.

B. The use of equipment, software, data, supplies when provided by the County for use at the home work location is limited to authorized persons for purposes related to county business.

C. The County of Trinity will provide;
   ✓ computer sufficient to perform the work required;
   ✓ keyboard, monitor, mouse, video audio device and any other supplies as approved by department head or designee;
   ✓ phone or phone stipend, if requested and approved by department head or designee;

III. WORKSPACE AND ENVIRONMENT

A. The employee shall designate a workspace within the home for placement and installation of equipment to be used while telecommuting. The employee shall maintain this workspace in a safe condition, free from hazards and other dangers to the employee and equipment. Any County materials taken home must be kept in the designated work area at home and not used except for activities that support telecommuting. Employees will ensure the security and confidentiality of all information they use at the designated location in accordance with County policies. The attached HIPAA & Security Agreement (Attachment B) must also be signed by the employee, if they have access to confidential and protected health information (PHI).

B. Any activity or interruption that takes place during the telecommuter’s work schedule and interferes with their work must be immediately reported to the supervisor or manager and covered by the use of leave accruals.

IV. EMERGENCY TELECOMMUTING

When a local emergency has been declared pursuant to Government Code Section 8630 or a local public health emergency has been declared pursuant to Health and Safety Code Section 101080, all of the provisions of this policy apply. However, the following provisions shall take effect, and shall temporarily supersede any contradictory provision of this policy.

A. All technology used by the employee will be provided by the County, with
approval by IT and the Department Head or designee.

B. The emergency telecommuting will last no longer than is necessary to perform the necessary work during an emergency. At the first opportunity, the employee must return to their original work location.

C. Employee acknowledges that if management deems the temporary telecommute arrangement described in this policy is not working effectively or as envisioned, department head or designee may at any time adjust or revoke telecommuting privileges.

D. Having successfully engaged in temporary telecommuting pursuant to this policy does not commit management to any future remote work.

By ________________________________
Richard Kuhns, Psy.D
County Administrative Officer

Date: ________________________________

RATIFIED this ______ day of __________________, 2020 by the Board of Supervisors of the County of Trinity by the following vote:

  AYES:  Supervisors
  NOES:  None
  ABSENT: None
  ABSTAIN: None
  RECUSE: None

________________________________________
Jeremy Brown, CHAIRMAN
Board of Supervisors
County of Trinity
State of California

ATTEST:

RICHARD KUHNS, Psy.D,
Clerk of the Board of Supervisors

By: ____________________________________
Deputy
I acknowledge that I have been given the opportunity to review the Telecommuting Policy. I have read and understand my responsibilities under the policy, and I agree to abide by it. I understand that I may be subject to discipline for violating this policy, or subject to other appropriate sanctions for failing to fulfill my responsibilities as outlined in this policy.

I understand that this policy is available for my review at any time on the County’s website. If I have trouble accessing the policy, I will contact the Human Resources Department.

Print Name

Signature

Date
Attachment B

HIPAA privacy and security rules do not prohibit remote access, but they do require that
organizations implement appropriate safeguards to ensure the privacy and security of protected
health information (PHI).

As an employee, you are required to meet the following requirements:

- Make sure that all devices accessing your network are properly configured by IT. Devices must be
  encrypted and password protected with software firewalls and anti-virus software installed.
- Do not allow any friends, family, etc. to use devices that contain PHI.
- Do not allow any friends, family, etc. in the room when you are accessing records that contain PHI.
- Do not use your own equipment without approval of your IT department, and ensuring that the
device is password protected, and installed with software firewalls and anti-virus software.
- Do not allow friends, family, etc. to use County devices. They are to be used only by the
designated employee for remote access to the County’s network.
- Do not store hard (paper) copies of PHI.
- Disconnect from the company network when you are done working.
- Do not copy any PHI to external media not approved by the company. This includes flash drives
  and hard drives. All PHI is to stay on the network.
- Any employees in violation of these procedures may be subject to discipline.

If you intend to work remotely, please sign below and return to the Human Resource Department. You will
not be eligible to work from home until the signed notice is received.

______________________________
Print Employee Name:

______________________________  ________________
Signature Date
ATTACHMENT C

COUNTY OF TRINITY TELECOMMUTING WORK PLAN

Department: ___________________________ Employee: ___________________________
Start Date: ___________________________ Expiration Date: _______________________

Telecommuting Schedule (check the days below that the employee will be working remotely)

SUNDAY □ MONDAY □ TUESDAY □ WEDNESDAY □
THURSDAY □ FRIDAY □ SATURDAY □

Telecommuting Hours (hours per day and per week that the employee is expected to work remotely)

Tasks

Responsibilities

Check In (list any expected time frames the employee shall check in with their direct supervisor)

Other:

List of County Equipment provided to Employee:

I hereby affirm by my signature that I have read this Telecommuting Policy have reviewed the Telecommuting Work Plan and I understand and agree to all of its provisions.

Employee Signature ___________________________ Date ___________________________

Department Head Signature ___________________________ Date ___________________________