

## Telecommuting Agreement

Name of Telecommuter: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Position Title: \_\_\_\_\_

Department: \_\_\_\_\_

Classification (Fulltime or Part time): \_\_\_\_\_

Manager Name: \_\_\_\_\_

Effective Date of Telecommuting Assignment: \_\_\_\_\_

Please indicate telecommuting (T) workdays vs. on-campus (OC) workdays.

TELECOMMUTING WORK SCHEDULE						
SUN	MON	TUE	WED	THUR	FRI	SAT
-Select One-	-Select One-	-Select One-	-Select One-	-Select One-	-Select One-	-Select One-

### Telecommuting Acknowledgment

By signing this document, I, the employee acknowledge that I have read the California State University, Dominguez Hills Telecommuting Policy that I understand the California State University Dominguez Hills Telecommuting Policy as well as the expectations set for me in my telecommuting role. I do hereby agree to adhere to all related guidelines as applicable.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By signing this document, I, the Appropriate Administrator am acknowledging that I have read and understand the California State University, Dominguez Hills Telecommuting Policy, and have determined that the employee named above can feasibly perform their job duties away from campus. I have reviewed the work and performance expectations, and work schedule with the employee. I do hereby agree to adhere to all related guidelines as applicable.

Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Submit fully signed Telecommuting Agreement to:**

[Telecommuting Secured Dropbox](#)

# 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 tightfitting 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

**Submit fully signed Telecommuter's Home Safety Checklist to:**

[Telecommuting Secured Dropbox](#)