

APPENDIX I YCCD TELEWORKER AGREEMENT

This telework agreement between Yuba Community College District (YCCD) and _____ (Employee) describes the terms and conditions of participation in the telework program.

1. Employee participation in the telework program is voluntary and not a guaranteed right, and the employee will adhere to all applicable guidelines and policies.

2. DESCRIPTION OF GENERAL NATURE OF THE WORK (include typical work projects; attach job description; if job description lists duties affected by telework, specify how that work will be completed, describe how collaboration with supervisor and other employees will be achieved; be specific):

3. During the hours the employee is on duty, he/she must be accessible by telephone, Microsoft Teams Chat or its equivalent, Zoom, and e-mail at all times, excluding normal breaks and lunch time. The parties agree to use the following types, levels, and frequency of communication:

4. Frequency of telework (check one):
 ___ Regular (complete “a” below) ___ Episodic/Situational (complete “b” below)
 - a. For Regular Telework: A regular telework employee will work on the schedule below, which is the employee’s normal work schedule.

Monday	Tuesday	Wednesday	Thursday	Friday

For an 8-hour day, the employee agrees to take a 20-minute paid break roughly in the middle of each 4-hour period, and to take at least a 30-minute unpaid, uninterrupted lunch break midway through the day.

- b. For Episodic/Situational Telework: Approval of this agreement enables the employee to participate in the telework program. *If the situational need involves a medical or health issue, participation also must involve consultation with the Human Resources Office.** The employee must obtain approval in advance for **each** episodic telework situation.

The employee expects to telework at the following times, and report to the campus for the rest of his/her work schedule:

Monday	Tuesday	Wednesday	Thursday	Friday

From [date] _____ to [date] _____

- 5. The employee’s alternate worksite is located at:
Address/City/St/Zip: _____
_____ Photo and/or live video is attached.
- 6. The telephone number(s) at the employee’s approved alternate worksite are:
- 7. The employee agrees to provide a work area adequate for the performance of official duties. This includes, but is not limited to, assuring that the home’s electrical system is adequate for the use of District-owned equipment, assuring that there will not be any unauthorized use of District-owned equipment, and safeguarding District-owned equipment and information from external elements, personnel, children, and pets.
- 8. The requirements and procedures for the employee’s time and attendance reporting at the home office are the same as for their regular work site. Requests to use leave must be made in accordance with established District procedures.
- 9. Any overtime or compensatory time must be approved in writing by the employee’s supervisor in advance.
- 10. Participation in the telework program can be suspended or terminated, as appropriate, for failure to comply with or meet the provisions of this agreement, or for other reasons at the District’s discretion. Upon the termination of the agreement and/or employment, the employee will cooperate with the supervisor to return all District property as directed, in a safe and expedient manner.

- 11. The employee agrees to report work-related injuries to the supervisor at the earliest opportunity. The employee agrees to hold the District harmless for injury to third parties at the alternate worksite.
- 12. Violation of any of the terms and conditions of this Agreement or the Teleworker Handbook may result in termination of the Agreement and discipline up to and including termination.

Yes No I have a valid virtual desktop (VDI) account

Yes No I have reliable internet access at my home that meets the 10 mbps download and 5 mbps upload requirements.

Yes No I have access to the Virtual Private Network (VPN).

Yes No I commit to taking telework training in the next 60 days.

Yes No I have provided a picture or live video of my home workspace.

I hereby certify that I have read and understand this agreement and agree to adhere to all requirements.

Employee’s Signature: _____ Date: _____

APPROVALS:

1. Supervisor Recommendation: Approve Disapprove

Reason for recommending or not recommending (optional):

Supervisor Signature: _____ Date: _____

2. President or Vice Chancellor

The telework agreement is approved not approved.

President/Vice Chancellor Signature: _____ Date: _____