

DEPARTMENT OF NATURAL RESOURCES

Human Resources Policy No.: 33
Effective Date: July 13, 2009
Subject: Telecommuting
Authorization: 36:354

I. POLICY:

Telecommuting is a work arrangement in which supervisors direct or permit employees to perform their usual duties away from their central workplace, in accordance with a work agreement. It is the policy of the Department that, when Department needs dictate, telecommuting will be permitted only under a Gubernatorial declared emergency and with the approval of the Secretary/Undersecretary.

II. PURPOSE:

The purpose of this policy is to define the Department’s telecommuting program and the guideline for implementation.

III. APPLICABILITY:

This policy applies to all classified employees within the Department, who have attained permanent status and have a minimum performance rating of “exceeds expectations”. Employees with a meets expectations, need improvement or unsatisfactory performance rating are not eligible for telecommuting.

IV. PROCEDURES

Telecommuting is a work arrangement that allows employees to work at a location other than the employee’s usual and customary workplace and may include the employee’s home. Telecommuting is a management option and should not be viewed nor used as an employee benefit or right. The Department of Natural Resources telecommuting may be used only during a gubernatorial-declared emergency.

Request for telecommuting will be considered on an individual basis to determine if the employee has the necessary skills and abilities to be a telecommuter and if the duties or portion of the duties of the employee’s position can be adequately performed by telecommuting.

Employees who participate in the telecommuting program, must submit a written request (See Attachment 1) to their Appointing Authority, who will review it and make a recommendation to the Secretary/Undersecretary. The request should include the time line for the telecommuting, location, work hours, and certification that the workplace is in a safe condition, free from hazards and other dangers to the employee and the Agency equipment (See Attachment 2) and complies with the Department’s Substance Abuse and Drug Free Workplace Policy.

When an employee is permitted to participate in the telecommuting program their work hours and will be identified in the Department's Telecommuting Agreement. (See Attachment 1) Employees who participate in telecommuting agree that the remote location from which the telecommuting occurs becomes an extension of their normal work place and must comply with all Federal and State laws and regulations and Department policies and procedures.

VI. RESPONSIBILITY:

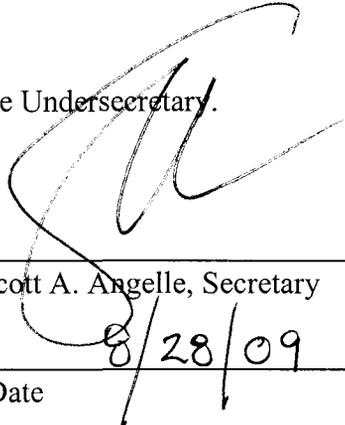
It is the responsibility of the Appointing Authority to coordinate the telecommuting program for the agency. The Human Resources Director will be responsible for coordinating and overseeing the program for the Department.

VII. EXCLUSIONS:

The Secretary, Deputy Secretary, and Assistant Secretaries may be excluded from this policy. **The Secretary may waive any provision of this policy as he deems necessary.**

VIII. QUESTIONS:

Questions regarding this policy should be directed to the Undersecretary.



Scott A. Angelle, Secretary

Date

8/28/09

Louisiana Department of Natural Resources Telecommuting Agreement

This is an agreement between _____ (agency) and _____ (employee). This arrangement shall begin on _____ and will terminate at the convenience of the agency; but no later than _____

This agreement establishes the terms and conditions of telecommuting. The employee agrees to participate in the telecommuting program and to follow the applicable guidelines and policies. The agency agrees with the employee's participation. **The employee's signature on this Agreement constitutes acceptance of the terms listed throughout the Telecommuting Guidelines.** *(Note: the employee should initial each page of the policy and attach it to the Agreement.)*

Designation of Alternate Workplace and Hours:

The following are the working hours and locations agreed to by both parties:

General Work Hours:			
(Day)	(Hours)		(Location)
	From	To	P=Primary Workplace A=Alternate Workplace
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Primary Workplace: _____

Address: _____

Telephone Number: _____

Alternate Workplace: _____

Address: _____

Telephone Number: _____

Fax: _____ Cell: _____

Email: _____

Equipment used in Alternate Workplace:

The following table lists the agency or state equipment that will be used at the alternate workplace (attach additional documentation if needed):

Item:	Inventory Number:	Date Out:	Date Returned:
1.			
2.			
3.			
4.			
5.			

Special Conditions or Additional Agreements (List if applicable):

I have read and received a copy of the Telecommuting Guidelines and Policy and fully understand issues regarding: pay, attendance, leave, overtime, office location, liability, workers compensation, operating costs, safety, evaluation, termination of agreement, and equipment maintenance. I further agree that my telecommuting location is an extension of my normal work location and agree to comply with all Federal and State laws and regulations and Department policies and procedures.

We agree to abide by the terms and conditions of this agreement.

Employee Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____

Appointing Authority: _____

Date: _____

Louisiana Department of Natural Resources Telecommuting Agreement Safety Checklist

Success of a telecommuting arrangement depends on a realistic assessment of the overall safety of an employee’s alternative workplace. The checklist is necessary to make the employee aware of the need for a safe workplace that is conducive to productive work. The telecommuter should read and complete the checklist regarding the designated work area, discuss any concerns, and always report accidents or injuries immediately to his supervisor.

General Environment

- _____ The work space area has adequate lighting and ventilation.
- _____ The work space is reasonably quiet and free of distractions.
- _____ Aisle, doorways, and corners are free from obstructions to permit movement.

Electricity / Equipment

- _____ There are enough electrical outlets in the alternative workplace to support the required equipment. All electrical equipment is free of recognized hazards that would cause physical harm (e.g., frayed wired, bare conductors, loose or exposed wires.) If necessary, consult with an electrician or power utility company on capacity questions.
- _____ Necessary electrical outlets are three-pronged (grounded).
- _____ Computer equipment is connected to a surge protector. The equipment is placed at a comfortable height for viewing and will be powered down after the work day is over.
- _____ Computer equipment is on a sturdy, level, well-maintained piece of furniture and the keyboard and mouse are at a height that does not cause wrist strain.

Safety and Security

- _____ There is a fire extinguisher in the alternate workplace and a developed fire evacuation plan in the event of an emergency.
- _____ There is a working smoke detector in the alternate workplace.
- _____ Phone lines, electrical cords, and extension wire are secured underneath a desk or along baseboards.
- _____ There are security controls in place to protect passwords, agency-owned software, and files from unauthorized disclosure.

I, _____, understand it is my responsibility to maintain the safety and appropriate arrangement of my alternate workplace, if it is my home. I certify that my responses to the checklist are true and completed to the best of my knowledge. I understand that any erroneous, misleading, or fraudulent information is sufficient grounds for my preclusion from telecommuting.

Employee Signature

Date

Supervisor Signature

Date