

**UTAH DEPARTMENT OF HUMAN SERVICES
POLICY AND PROCEDURES**

Policy: 06-01

Effective Date: July 1, 1994
Revision Date: November 1, 2016

Page 1 of 3

TELECOMMUTING POLICY

RATIONALE: This policy is intended to expand the means through which the DHS workforce can accomplish work efficiently and effectively without the constraint of a single work site or office if one's job can be performed remotely. Implementation of this policy is not only helpful for day to day operations, but also in the event of emergencies.

I. DEFINITION:

- A. Telecommuting – A management-approved work option, formalized in a voluntary, signed agreement that allows a qualified employee the opportunity to perform official duties outside the traditional office environment.
- B. Primary worksite – The location where the employee would normally perform their duties if there were no alternate worksite.
- C. Alternate worksite – A location other than the employee's primary worksite, generally within their home, where the employee can effectively and efficiently perform their duties.

II. POLICY:

- A. Telecommuting is an option to facilitate increased efficiency and flexibility for the workforce with benefit to the public. This option is extended as a demonstration of trust with a high expectation of accountability. Telecommuting also provides the opportunity to advance continuity of operations in times of unforeseen emergency, disaster, or when environmental or safety concerns warrant telecommuting.
- B. Telecommuting may not be an option for all DHS employees based on the employee's work requirements and discretion of the employee's supervisor.
- C. A telecommuting agreement must be entered into for mutual accountability. (See Form 6-1 B for DHS Telecommuting Agreement.)
- D. A telecommuting agreement can be terminated at any time by a supervisor. Similarly, employees may end their telecommuting agreement with reasonable notice to their supervisor, so office space and equipment can be arranged for the employee at their primary worksite.
- E. All employees who telecommute must be directly reachable to answer client, public, and supervisor questions when necessary. Employees may need to attend meetings in person at their primary worksite.
- F. Employees are encouraged to use state-supplied tools in support for telecommuting when available. No DHS employee should be compelled to use privately owned computer or other equipment in order to telecommute. Any State owned equipment used in telecommuting must be exclusively used for Department and State business except for occasional or incidental personal use.

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Page 2 of 3

TELECOMMUTING POLICY

- G. Division, Institution, and Office Directors, (D/I/O Directors) or their designees must review and approve all telecommuting agreements and costs. Employees will only be reimbursed for reasonable costs as determined by the D/I/O Director or designee. Reasonable costs do not include furnishing an alternate worksite with standard desks, chairs, or telephone equipment. Reasonable costs also do not include paying rent, utilities, or insurance costs for alternate worksites.
- H. Telecommuting employees shall comply with all applicable laws, state administrative rules, regulations, policies and procedures including, but not limited to, the [State of Utah Department of Technology Acceptable Use Rule](#) and the [Government Records Access and Management Act, U.C. 63G-2-101, et. seq. \(GRAMA\)](#).
- I. Confidentiality of State information must be maintained in the telecommuting environment in accordance with Federal, State and Department laws, rules, and policy. Unauthorized disclosure will subject the employee to disciplinary action and/or penalties provided by law. Permanent and long term storage of confidential and Department files should not occur at personal residences.
- J. Employees participating in telecommuting retain the same rights and benefits while working at their alternate work site as other Department and State employees. These rights and benefits include defense and indemnification for claims against an employee that may result from State employment as identified in the [Utah Government Immunity Act](#) and worker's compensation benefits. The State and Department are not liable for any injuries to a person other than the employee at an employee's alternate worksite. Department clients should not be seen at any home offices.
- K. As a condition of telecommuting, the employee must agree that Department representatives can make reasonable inspections of alternate worksites to ensure confidentiality of Department and client information, security of State owned equipment, and compliance with work related activities.
- L. If the telecommuting arrangement involves activities that must be cleared through zoning ordinances or planned community/condominium home association regulations, the employee has the responsibility to meet these requirements.
- M. The employee is responsible to return all equipment, supplies, work products, etc., used at the alternate worksite upon request by the Department or upon termination of their participation in telecommuting, or upon their termination from DHS employment.

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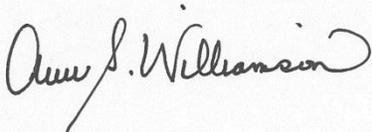
Effective Date: July 1, 1994
Revision Date: November 1, 2016

Page 3 of 3

TELECOMMUTING POLICY

III. PROCEDURE:

- A. Employees interested in participating in telecommuting are expected to read this policy and work with their immediate supervisor to complete a Telecommuting Feasibility Worksheet (Form 6-1 A).
- B. The immediate supervisor and D/I/O Director or designee must approve the method(s) utilized by the employee to facilitate telecommuting, i.e. the method used to access the necessary work information, the technology option utilized by the employee to produce the work product, and the method(s) used by the employee to be accessible for work tasks. The costs of telecommuting methods must also be evaluated and approved by the D/I/O Director or designee.
- C. The supervisor and employee will be responsible to review and modify the employee's performance plan annually to accommodate telecommuting. Telecommuting agreements should also be reviewed annually and updated if necessary by the supervisor and employee.
- D. The DHS Telecommuter's Agreement (Form 6-1 B) and Telecommuting Checklist (Form 6-1 C) or like forms, should be completed and include primary and alternate worksite location, regular working hours at each location, and approved equipment used in telecommuting.
- E. The Department standard software applications requested for telecommuting should be listed on the telecommuter's agreement. The costs for supported software applications are billed to agencies based on device counts. All equipment and supplies provided to the employee are the property of the Department and are issued to the employee on a business use basis. The employee must sign for receipt of the equipment/software.
- F. The employee will use all reasonable means to protect the Department's property at the alternate worksite and will report promptly any damage or loss of equipment. If employee-supplied tools are used, the employee must release the State and Department from any and all liability.



Ann Silverberg Williamson, Executive Director
Department of Human Services

Date: November 2, 2016

Form 6-1 A
DHS TELECOMMUTING FEASIBILITY WORKSHEET

This worksheet will assist you and your supervisor in determining the appropriateness of telecommuting for your role and specific job assignments. Please work with your supervisor to complete and sign this questionnaire and forward to the Division/Institution/Office Director or their designee for discussion and approval.

1. Briefly describe your current job duties that can be effectively accomplished by telecommuting:

2. Is the telecommuting arrangement regular and ongoing or of a temporary nature? Please explain response:

3. How do you expect employee productivity be defined and measured?

4. Briefly describe the benefits you see to the Department and community through your telecommuting arrangement:

5. Describe how you can continue to meet needs of internal and external customers through telecommuting:

6. Describe the proposed office arrangement at your alternate worksite. (Size, location, furniture, characteristics, separation from living area, etc.)

7. Describe the equipment, if any, needed at the alternate worksite to support your telecommuting arrangement. (Personal or State owned computer, telephone line, etc.)

8. What special accommodations, if any, other than described in number 7 above, would you require for this telecommuting arrangement?

9. What computer applications or software do you use now, or would require, for a telecommuting arrangement?

Employee

Date

Supervisor

Date

Form 6-1 B
DHS TELECOMMUTER'S AGREEMENT

Telecommuting is an arrangement that DHS may make available to some employees when a mutually beneficial situation exists. Telecommuting options may include the use of telecommunications technology to transport information, rather than people, to and from the workplace.

Telecommuting is not a formal, universal employee benefit, but rather an alternate method of meeting the needs of the Department and its clients. Telecommuting is not an employee "right" but may be granted when mutually beneficial to the employee and the Department.

In signing this agreement, the employee agrees to abide by the Department's Telecommuting Policy and the following conditions:

1. Employee salary, job responsibilities, benefits and company-sponsored insurance coverage will not change due to participation in telecommuting.
2. The amount of time the employee is expected to work will not change due to participation in the telecommuting. Time sheets must be submitted according to the regular schedule.
3. For the purpose of defining the employee's scheduled working hours during which the employer has liability for job related accidents or illnesses and during which worker's compensation laws apply, it is understood that the employee's work hours will conform to the schedule in this agreement.
4. Any changes or extension to the above mentioned schedule with respect to worker's compensation coverage must be reviewed and approved by the supervisor in advance.
5. Since the employee's alternate work space will be considered an extension of the DHS work space, the State's liability for job-related accidents to employees will continue to exist during the scheduled work hours.
6. A designated work space should be maintained by the telecommuter at the alternate work location. Worker's compensation liability will be limited to this work space as opposed to applying to all areas of the home or alternate location.
7. As this liability will extend to accidents which may occur in the alternate location, the employer retains the right to make on-site inspections of this alternate work space to ensure that safe work conditions exist.
8. On-site visits by the employer may also be made for the purpose of retrieving equipment and other State property in the event of employee illness or termination.
9. Any hardware or software purchased by the State remains the property of the State and will be returned to the Department at the conclusion of telecommuting.
10. State-owned software may not be duplicated except as formally authorized by the Department of Technology Services.
11. Authorization by D/I/O Director or designee is necessary in order to take confidential materials out of the primary worksite or access confidential materials through the computer at the alternate worksite.
12. Except for minor, incidental use during non-work hours, State equipment in an alternate worksite shall not be used for personal purposes.
13. The State will, on a case by case basis, provide computer equipment to an employee to use at an alternate worksite to conduct State business.

14. The State may reimburse the telecommuter for reasonable charges directly related to telecommuting. All charges must be reviewed and approved at the time the telecommuter's agreement is signed and approved by the D/I/O Director or designee.
15. Documentation may be required by the employee in order to receive reimbursement for alternate worksite expenses.
16. Office supplies required to complete assigned work at the alternate worksite must be obtained during one of the telecommuter's in-office visits to their primary worksite. Out-of-pocket expenses for supplies will not normally be reimbursed.
17. Expenses not specifically covered above will be dealt with on a case-by-case basis, taking into account the reasonableness of the expense, other expenses reimbursed for the same employee, and the overall Division/Institution/Office budget. Costs specifically excluded from reimbursement include standard office furnishings, rent, utilities, and insurance costs.
18. Telecommuting is not to be viewed as a substitute for adult or child care. Telecommuters who care for others in the home are expected to have someone else care for them during the agreed-upon work hours.
19. Individual tax implications related to a home work space shall be the responsibility of the telecommuter. It is possible, under some circumstances, for a telecommuter to deduct expenses of a home office, consultation with a tax expert is advised.

Employee Signature

Date

Supervisor Signature

Date

Division/Institution/Office Director or Designee Signature

Date

**Form 6-1C
DHS Telecommuting Setup Checklist**

SECTION A:

Primary Worksite (Office) Location-

Division/Office/Institution: _____

Address: _____

Telephone: _____

Scheduled days at primary worksite: Mon Tues Weds Thurs Fri

Approved Alternative Worksite location-

Address: _____

Telephone: _____

Scheduled days at alternate worksite: Mon Tues Weds Thurs Fri Sat/Sun

Workhours available for contact: _____

Computer Used: Personal State owned (If State owned list brand/model/serial number)

Brand/Model/Serial Number: _____

The following state owned software will be installed to the hard drive of a State owned or personal computer.

Software: _____

Billing Information (must be completed before returning)-

Agency: _____ Appropriation Unit: _____ Fund: _____ Org #: _____

Activity: _____

SECTION C: Signatures

I agree to participate in the DHS Telecommuting. I have read the DHS Policy on Telecommuting, and understand the policy. I will abide by the Telecommuting Policy as well as the above work schedule.

This contract may be modified or canceled at any time by the employee or DHS.

Employee Name (Please Print): _____

Employee Signature Date

Supervisor Signature Date

Division/Institution/Office Director or Designee Signature Date