

**EXECUTIVE BRANCH STATEWIDE POLICY  
SECTION 7: TELECOMMUTING**

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**7A. STATEMENT OF PURPOSE**

The purpose of this policy is to provide the structure needed for effective implementation and operation of telecommuting. Telecommuting refers to paid employment performed away from the principal office at an alternate work location within the State of Idaho for all or part of the work week. Telecommuting can attract employees in hard to fill, hard to retain positions; target new labor markets; and reduce work commutes. **Out-of-state telecommuting options must be preapproved by the Division of Human Resources (DHR) Administrator and the Division of Financial Management (DFM) Administrator. Out-of-country requests will not be approved.**

**7B. GENERAL REQUIREMENTS**

All State of Idaho employees are expected to work within the State of Idaho. If an agency has a need for an employee(s) to work outside of the State of Idaho, the agency must first have approval from DHR and DFM before hiring or allowing an existing employee to regularly perform their assigned duties from an **out-of-state** location.

Although allowing flexibility in the workplace, this policy requires accountability to ensure all work is being completed in an efficient and measurable manner. This policy provides guidelines for agency, supervisor, and employee responsibilities.

Telecommuting is not an employee right; its use rests at the discretion of the appointing authority or designee, based on approval of agency policy by the Division of Human Resources (DHR) Administrator.

**Resident Taxing State Outside of Idaho.** The State of Idaho has no legal obligation to withhold or remit income tax of another state. It is solely the employee's responsibility to ensure that he or she is in compliance with any out-of-state tax requirements.

Additional requirements for **out-of-state** alternate work locations:

- All **out-of-state** alternate work locations must be pre-approved by both DHR and DFM.

- All work scheduled **out-of-state** cannot be less than a full pay period and the employee's personnel record must reflect the correct taxing state.
- The requesting agency is required to work directly with Risk Management regarding the Worker's Compensation payment.
- The requesting agency is required to coordinate directly with the State Controller's Office, Division of Statewide Payroll (DSP), to ensure taxable wages are reported correctly.

**Agency Telecommuting Policy.** All State Agency Telecommuting Policies must be consistent with the guidance and instructions in this Statewide Telecommuting Policy. Agency's policy and application must define the job-related criteria, procedures for telecommuting, and employee performance requirements for consideration of telecommuting.

**Dependent or Adult Care.** Agency must prohibit employee from providing dependent or adult care while telecommuting.

**Commute Time.** Commute time from telecommuting from an alternative worksite and agency is not considered work hours and are not compensable.

**Outside Employment.** Outside employment must be compatible with the role of the staff member as a public employee; not conflict with the best interest of the agency or the employee's responsibilities or hours of work (reference Idaho Code 67-2508); and not involve activities that would constitute a conflict of interest or have potential for a conflict of interest. When an employee applies to telecommute, outside employment must be disclosed.

**Employee Telecommuting Request.** An employee telecommuting request must be completed and submitted to the employee's supervisor for review and approval. The employee telecommuting request template (7D of this policy) may be modified for agency use.

**Employee Telecommuting Agreement.** An employee telecommuting agreement is required and must be agreed upon and signed by the employee, supervisor, and agency appointing authority or designee before telecommuting begins. This agreement does not grant additional rights for employees, and it does not establish a contract for employment where one does not already exist. A copy of this statewide policy and the agency's policy must be attached to the agreement. The employee telecommuting agreement template (7E of this policy) may be modified for agency use.

**Agency Telecommuting Records.** DHR may, at its discretion, request information from agencies on telecommuting. Agencies should maintain a record of employees, work locations, duration, performance management, and any other relevant data for purposes of overall management of the statewide telecommuting program.

**Termination of Employee Telecommuting Agreement.** Agency may terminate a telecommuting agreement at any time based, but not limited to, declining performance, violation of telecommuting policy and agreement, or for organizational benefit. If feasible, reasonable notice to the employee is recommended.

**Alternative Worksite Safety.** The employee, position, alternate work location, and other conditions must be deemed suitable for a telecommuting schedule before it is permitted. An alternative worksite employee declaration checklist is provided in Section II of the employee telecommuting agreement template (7E of this policy).

**IT Security.** Agency must address employee computer usage (and related devices) and ensure it meets information security standards. The employee is responsible for acquiring internet access and related equipment.

**Confidential Records.** Agency must require employee to abide by all State of Idaho rules and policies regarding the security and confidentiality of information, including computer data and files.

**ADA Reasonable Accommodation.** If an employee applies to telecommute under an ADA reasonable accommodation requests, the request must be reviewed and approved by DHR.

**Workers' Compensation and Injuries to Third Parties.** Agency must address State of Idaho workers' compensation laws and rules. The employee remains liable for any injuries sustained by third parties at the alternate work location. (Additional agency requirements apply if an employee work location is not in the State of Idaho – See Resident Taxing State Outside of Idaho).

**Other Federal and State Laws.** Telecommuting programs are not intended to cover or substitute for other work-related situations covered by other laws, such as the Americans with Disabilities Act, the Family and Medical Leave Act, and other similar federal and state laws.

## 7C. DEFINITIONS

1. **Alternate Work Location:** An approved worksite other than the employee's central workplace where official state business is performed, including an employee's residence.
2. **Central Workplace:** An agency's place of work where employees normally perform their official state duties.
3. **Telecommuter:** An employee who regularly works away from his or her central workplace, either at home or at another agency approved remote work location within the State of Idaho, for at least a portion of their work hours.
4. **Telecommuting:** A regular work practice that involves employees of an agency substituting a portion of their typical work hours (ranging from a few hours per week to full-time) to work away from the central workplace, either at home or at another agency approved location within the State of Idaho, using technology to interact with others as needed to perform work tasks.
5. **Telecommuting Application:** A form adopted by the agency for employees to use to request a telecommuting work schedule. The application must be consistent with this statewide policy.
6. **Telecommuting Agreement:** The written agreement between the agency and employee that details the terms and conditions of an employee's work and other work productivity while away from his or her central workplace. Telecommuting agreements are required for telecommuting.
7. **Work Schedule:** The employee's hours of work in the central workplace and/or an alternate work location within the State of Idaho.

**7D. TELECOMMUTING APPLICATION TEMPLATE**

Name: \_\_\_\_\_ Home Location: \_\_\_\_\_

Classification: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Office Location: \_\_\_\_\_ Miles from Office to Home: \_\_\_\_\_

Briefly describe your current job responsibilities. *(Use additional sheets if necessary)*

- Please read each of the following job characteristics and then rate each according to your current job requirements. If there is a **High** requirement, **Low** requirement, or **No** requirement for this aspect in your personnel skill-set or your job, please mark and **X** in the appropriate column.

*High ratings for items A – F and low ratings for items G – L tend to indicate that the job and / or the person is compatible with the telecommuting program. However, your supervisor / management team will use your responses as only one part of their decision to approve this application.*

Job Requirements		High	Low	None
A.	Ability to control and schedule work			
B.	Clear and understandable work assignment objectives			
C.	Ability to work autonomously			
D.	Requirement to concentrate on work			
E.	Amount of computer work			
F.	Clear understanding of computer security requirements			
G.	Amount of face-to-face contact			
H.	Amount of telephone communications			
I.	Amount of in-office reference material needed			
J.	Amount of generally sensitive material / data			
K.	Amount of HIPAA material work requirement <i>(Health Insurance Portability and Accountability Act which requires employers to physically separate and safeguard employees' "protected health information" received from a group health plan.)</i>			
L.	Amount of tax information work			

2. Describe how telecommuting will meet the goals of your work unit, as well as the business need of the State?

3. Considering the nature of your work, would you want to telecommute from home or another office close to your home?

Home Yes  No

Another Office Yes  No  If Yes, where? \_\_\_\_\_

4. How often do you believe you would telecommute? (*check only one*) Note: This option is only available for work performed within the State of Idaho.

- A. Once every week
- B. Two days a week
- C. Three or five days a week
- D. Five days a week
- E. Occasionally for special projects

5. What kinds of work would you expect to do while telecommuting? (*Check as many as apply and provide approximate percentage of time for each.*)

Type of work

- |   |   |
|---|---|
| <input type="checkbox"/> A. Writing _____%                      | <input type="checkbox"/> F. Talking on the phone _____%       |
| <input type="checkbox"/> B. Data Management _____%              | <input type="checkbox"/> G. Sending / receiving e-mail _____% |
| <input type="checkbox"/> C. Computer Programming _____%         | <input type="checkbox"/> H. Field visits / meetings _____%    |
| <input type="checkbox"/> D. Evaluation/Research/Analysis _____% | <input type="checkbox"/> I. Planning / organizing _____%      |
| <input type="checkbox"/> E. Administrative support work         | <input type="checkbox"/> J. Cell phone _____%                 |
|   | <input type="checkbox"/> K. Other (please specify) _____%     |

6. What equipment would you need to telecommute? And how will you keep your equipment and information secure?

Type of equipment

- |   |   |
|---|---|
| <input type="checkbox"/> A. Computer/Laptop                             | <input type="checkbox"/> D. Cell Phone            |
| <input type="checkbox"/> B. Printer                                     | <input type="checkbox"/> E. Locked Filing Cabinet |
| <input type="checkbox"/> C. Specialized Software, not on current system | <input type="checkbox"/> F. IT Security _____     |

- 7. Describe any prior telecommuting work experience.
  
- 8. Describe your dedicated workspace area in your home.
  
- 9. What distractions or obligations might make working at home or another work location difficult? What are your plans for handling these?
  
- 10. Do you have anything else you think bears on your leadership's decision to allow you to telecommute?

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**Supervisor's Comments:**

Denied       Approved – Details will be outlined in Telecommuting Agreement

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approving Official's Signature

\_\_\_\_\_  
Date

## 7E. EMPLOYEE IN-STATE TELECOMMUTING AGREEMENT TEMPLATE

**Legal Authority:** The rules of the Division of Human Resources are adopted pursuant to Section 67-5309, Idaho Code. The Division shall determine the policies of the Idaho Personnel System.

### Terms of Telecommuting Agreement

The terms of this agreement must be read in conjunction with agency specific telecommuting policies. Signatures certify they will abide by the terms of this agreement, all applicable telecommuting policies, and all agreement specific terms established by the employing agency

#### 1. Safety

- Employee will verify the safety of an alternate worksite using the safety checklist in Section II of this agreement.
- Employee is covered by the Idaho State Insurance Fund's Workers' Compensation Program, as appropriate, if injured while working at the alternate worksite.
- Employee agrees to bring to the immediate attention of his/her supervisor any accident or injury that occurs while working at an approved alternate work location.
- Supervisor will investigate all accident and injury reports immediately following notification.
- Agency reserves the right to inspect the alternate work location to ensure safety standards are met.

#### 2. Confidentiality and Information Security

- Employee will apply approved safeguards, in accordance with agency policy, to protect agency or state records from unauthorized disclosure or damage, and will comply with all records and data privacy requirements set forth in state law, agency specific policies, and state policies.
- Employee will conduct work at the alternate work location in compliance with all information security standards.

#### 3. Work Standards and Performance

- Employee will meet with their supervisor to receive assignments and to review completed work as the supervisor deems necessary or appropriate.
- Employee may be required to return to the central work location on scheduled telecommuting days based on operational requirements.
- Employee will complete all assigned work according to procedures mutually agreed upon by the employee and the supervisor, and according to guidelines and expectations stated in the employee's job description and performance plan.
- Supervisor will regularly evaluate and provide feedback on the employee's job performance.
- Employee agrees to perform telecommuting work at the agency-approved alternate work location(s) and times defined in this agreement unless they notify and receive explicit approval from a supervisor to temporarily shift telecommuting work to another alternate work location or time period. Failure to comply with this provision may result in termination of the telecommuting agreement, and/or appropriate disciplinary action.
- If children or adults in need of primary care are in the alternate work location(s) during employees' work hours, some other individual must be present to provide the care.

#### 4. Compensation and Benefits

- All pay rates, leave/retirement benefits, and travel reimbursements will remain as if the employee performed all work at the employee's established central workplace.

#### 4. Compensation and Benefits(cont.)

- A non-exempt employee who telecommutes and has approved overtime at the direction of a supervisor will be compensated in accordance with applicable law and state policy.
- Employee understands that supervisors will not accept unapproved overtime work from non-exempt employees. By signing this form, employee agrees that failing to obtain proper approval for overtime work may result in termination of the telecommuting agreement and/or appropriate disciplinary action.
- Employee must obtain supervisory approval before taking leave in accordance with established office procedures. By signing this form, employee agrees to follow established procedures for requesting and obtaining approval of leave.

#### 5. Equipment and Expenses

- Employee who borrows agency equipment agrees to protect such equipment in accordance with agency guidelines. State-owned equipment will be serviced and maintained by the agency.
- If employee provides their own equipment, employee is responsible for servicing and maintaining it.
- Neither the agency nor the state will be liable for damages to an employee's personal or real property during the performance of assigned work or while using state equipment in the employee's residence.
- Neither the agency nor the state will be responsible for operating costs, home maintenance, or any other incidental costs (e.g., utilities) associated with the use of the employee's residence.

#### 6. Initiation and Termination of Agreement

- The agency and employee understand that telecommuting shall be governed by the same state personnel policies as those applicable to employees at the agency's central workplace except as modified by this agreement.
- Agency concurs with employee participation and agrees to adhere to applicable policies and procedures.
- Employee may terminate this telecommuting agreement at any time unless telecommuting work is a condition of employment. Reasonable notice to the agency should be provided when possible.
- Agency may terminate this telecommuting agreement at any time. (Agreement may be terminated for reasons to include, but not limited to, declining performance and organizational benefit). Reasonable notice to the employee is recommended when feasible.

#### 7. Agreement Agency Specific Terms and Conditions:

- INSERT HERE

**NOTE:** The language used in this agreement does not create an employment contract between the employee and the agency. This agreement does not create any contractual rights or entitlements, but, instead, establishes conditions for permitting an employee to qualify for and continue to exercise the privilege of telecommuting. The agency reserves the right to revise the content of this agreement or its terms, in whole or in part, at its discretion. No promises or assurances, whether written or verbal, which are contrary to or inconsistent with the terms of this paragraph are binding upon the agency.



## 7E. EMPLOYEE TELECOMMUTING AGREEMENT TEMPLATE (CONT.)

Section I – This document constitutes the terms of the telecommuting agreement for:		
1. Employee (Last Name, First, Middle Initial)	2. Job Title	
3. Agency	4. Alternate Work Location(s) Address(es)	
5. Telecommuting Arrangement Implementation Dates (Agreement should be reviewed annually and revalidated at least once every two years)		
a. Start Date   b. End Date		
6. Alternate Work Location(s) Telephone Number(s) (Include Area Code)	7. Alternate Work Location(s) Email Address(es)	
Telecommuting Arrangement Category (select one)		
<input type="checkbox"/> <b>Full-Time Telecommuting</b> Employee telecommutes their entire work schedule from the alternate work location(s) documented in this		
<input type="checkbox"/> <b>Flexible Telecommuting (only available inside the State of Idaho)</b> Employee consistently telecommutes less than 40 hours per week on a sporadic or task driven basis. May be expected and/or required to work in a telecommuting mode for limited periods in response to a specific agency need. The notice and approval process for the employee to request a shift to telecommute must be documented in the notification and approvals section below.		
<b>Flexible Telecommute Pattern</b> - Document the normal pattern of days and hours the employee will telecommute each week. Document the process required to request and receive approval for deviations in days or hours in the notification and approvals section to the right.		<b>Notification and Approvals</b> - Document the notification and approval processes required for the employee to request and receive approval for telecommuting locations or telecommuting schedule changes.
<input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday		<b>IT Security</b> – Document Employee compliance with State and agency IT security standards and requirements.
Normal work hours at alternate work location will be from _____ <input type="checkbox"/> AM <input type="checkbox"/> PM to _____ <input type="checkbox"/> AM <input type="checkbox"/> PM		
<b>Continuity of Operations "Emergency Closing" Status (select one)</b> Employee <input type="checkbox"/> IS or <input type="checkbox"/> IS NOT expected to telecommute for the duration of an emergency pursuant to a pandemic and/or when the employee's central agency workplace is closed due to natural or manmade emergency situations (e.g. snowstorm, tornado, act of terrorism, etc.). If employee is unable to telecommute during an emergency due to illness or dependent care responsibilities, the employee must take appropriate leave. The employee may be asked and expected to report to an agency central workplace, other alternative locations, or be granted emergency closing authorization, on a case-by-case basis, when other circumstances (e.g. power failure) prevent the employee from telecommuting at the alternate work locations listed above.		
Employee Signature		Date
Authorized Supervisor or Manager Signature		Date
Appointing Authority/Designee		Date
Section II – Employee Self Reporting Checklist		
1. Temperature, ventilation, lighting, and noise levels are adequate for maintaining a work location.	Y	N
2. Electrical equipment is free of recognized hazards that would cause physical harm (frayed, exposed, or loose wires; loose fixtures; bare conductors; etc.)	Y	N
3. Computer equipment is connected to a surge protector.	Y	N
4. Alternate work location is free of any obstructions that could restrict visibility and movement (including doorways).	Y	N
5. File cabinets and storage closets are arranged so drawers and doors do not enter into walkways.	Y	N
6. Phone lines, electrical cords, and surge protectors are secured under a desk or alongside a baseboard.	Y	N
7. Clear understanding of state and agency computer security requirements	Y	N
8. Work location space is free of excessive amounts of combustibles, floors are in good repair, and carpets are well	Y	N
9. Internet access is available and provided by employee.	Y	N
<b>I verify that this safety checklist is accurate and that my alternate work location within the State of Idaho is a safe and secure place to work. I am agree that I am responsible for ensuring my taxing state is updated appropriately with the State Controller's Office.</b>		
Employee Signature		Date