

Area:	University Campus	Section Number:	200.11
Subject:	Telecommuting	Revised Date:	03/18/20
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Human Resources Departmental Procedure Manual

Purpose

Provide guidelines for departments that allow civil service and professional staff employees to work from home.

Policy

It is essential that clear guidelines and expectations be established between employee and the department prior to the start of the work from home arrangement. Employees who are approved to work from home remain obligated to comply with all University rules, polices, practices and procedures. Employees also remain obligated to comply with State law. Employees who violate State law or any of the rules, procedures and/or practices of the University will face immediate termination of the arrangement and possible disciplinary action up to, and including, termination. Telecommuting is defined as a situation where circumstances are deemed appropriate by the relevant University department and the Human Resources Department for an employee to be compensated for performing assigned responsibilities in a non-campus, non-University affiliated environment, typically their place of residence.

Procedures

Prior to establishing a work-from-home arrangement, the employee's department should ensure that all of the following conditions are met:

- A mutual agreement between the employee, supervisor, and applicable vice president that the work-from-home arrangement is in the best interest of the University.
- A finding by the supervisor and applicable vice president that the required duties of the job, as determined by the department, can be done at home.
- A finding by the supervisor and applicable vice president that the operational needs of the department will still be met.

A Telecommuting arrangement should include the following:

- Duration of the arrangement.
- Address and phone number of where the work will be performed.
- A description of the work being performed at home.
- Confirmation that the employee is aware and has received all relevant policies, such as Information Security Breach Policy, Information and Systems Access Policy, or any Board of Trustee Regulations.
- Confirmation and agreement between the parties that the employee must be available to communicate with University representatives during their normally scheduled work hours.
- A written explanation of how the supervisor will monitor and evaluate the work product and productivity of the work being performed.
- If University owned equipment is used in an employee's residence, a record of the equipment is submitted to Property Control and ITS.



All initial written arrangements must be completed, approved by employee, supervisor and applicable vice president and on file with Human Resources prior to the beginning of any arrangements. In addition, should there be any extension, conclusion or termination of the approved agreement, the supervisor must notify Human Resources immediately. This may be done by a memorandum to Human Resources. No telecommuter arrangements can be made that conflict with State law, University Policy or Procedure or that may conflict with any collective bargaining agreement.

Human Resources is responsible to ensure that all initial documentation is completed correctly and to notify all affected parties when work can be begin. All paperwork will be maintained in the employees personnel file for record keeping and audit purposes.

During telecommunicating periods, employees are expected to comply with the State Officials and Employees Ethics Act, documenting all hours spent on state business. Hourly employees must accurately track hours worked, while their supervisors are responsible for approving any overtime or compensatory time prior to the employee accruing the time.

Responsibility

Benefits team personnel, in conjunction with HR Operations team are responsible for maintaining the telecommuting program.



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Telecommuting Arrangement for Non-Faculty Staff

Employee Acknowledgement

I have read the policy and understand, as well as agree to, my responsibilities as outlined on the attached addendum. I have also provided my supervisor with the appropriate documentation and information indicated below necessary to be able to work from home. Should I need to change the pre-determined schedule, I will notify my supervisor immediately.

Employee's Signature: _____Date: _____

Supervisor Acknowledgement

I have read the guidelines and understand, as well as agree to, the supervisor's duties and responsibilities while the employee indicated above is approved to work from home. I have been provided with the necessary information required from the employee and will provide continued review of this arrangement. Discussion with the employee will follow the telecommuting assignment for an evaluation of the arrangement.

I have completed all applicable documentation as indicated below:

- □ An explanation of how productivity will be monitored
- \Box A brief description of the work to be accomplished at home
- \Box The dates for working at home and the daily work hours
- □ A telephone number where the employee can be reached during the work schedule
- □ Completed and filed the Request to use GSU-Owned Equipment Off-Campus and the Property Asset Form with Property Control (a copy of the form should go to Procurement)
- □ I have made the employee aware of and shared the Information Security Breach Policy, Information and Systems Access Policy, and any Board of Trustee Regulations related to information security

Supervisor's Signature:	Date:			
Dean/Administrator Signature:	Date:			
Vice President's Signature:	Date:			

Forward this form and all completed documentation to Human Resources

** No agreements can be made that conflict with State law, University Policy & Procedure or that conflict with any Bargained Agreements or other terms of employment.

Telecommuting Agreement

EMPLOYEE NAME (Last, First, M.I.)			DEPARTMENT			
WORK SCHEDULE	STARTDATE		ENDDATE			
	/	1	/	1	or indefinite	
	 Work start/end times (please list your start and finish times): Start timea.m./p.m. Finish timea.m./p.m. Telecommuting-(please circle which day(s) you will telecommute) MTWTHF Other (please describe) 					
WORK LOCATION						
	Address City:	State	:Zip:			
METHODS OF COMMUNICATION ON TELECOMMUTING DAYS	Is this a cell p	hone? Yes No ss:				
EQUIPMENT	The employee Asset Form to F		rocurement Prope	erty Contr	ol measures and submitted the Property	
DUTIES TO BE PERFORMED						
METHODS OF EVALUATING PERFORMANCE						
Note: The supervisor will monitor for reasonable productivity by having employee submit weekly updates of progress, by establishing deadlines for completion of projects and by comparing results						
with those of on-site employees with similar responsibilities.						

Terms and Conditions of this Addendum read, understood and agreed to by:

Employee

Date

Supervisor/Manager

Vice President

Date

Date