



Denmark Technical College Telecommuting Application

THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE AN EMPLOYMENT CONTRACT BETWEEN THE EMPLOYEE AND THE COLLEGE. THIS DOCUMENT DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS. THE COLLEGE RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS DOCUMENT, IN WHOLE OR IN PART. NO PROMISES OR ASSURANCES, WHETHER WRITTEN OR ORAL, WHICH ARE CONTRARY TO OR INCONSISTENT WITH THE TERMS OF THIS PARAGRAPH CREATE ANY CONTRACT OF EMPLOYMENT.

The decision to telecommute should be based on the ability of an employee to work in a setting that may be in his or her home or other approved area, without on-site supervision. The following tool can be used by an employee as a basis for discussing the option of telecommuting with a supervisor. The employee should submit the application to a supervisor for evaluation and final approval by the College President or designee. The decision of whether to approve or deny a Telecommuting Application is at the discretion of the College. There is no right or entitlement to telecommute, regardless of the responses to the application.

Please answer the following questions rating your abilities, using the following scale:

5 – Always 4 – Usually 3 – Sometimes 2 – Rarely 1- Never

1. I can develop regular routines and am able to set and meet deadlines. I am self-motivated, self-disciplined, and able to work independently; completing projects on time with minimal supervision and feedback. I am capable of being productive when no one is checking in or watching at work.

Employee Rating _____ Supervisor Rating _____

2. I have strong organizational and time-management skills and am results-oriented. I will remain focused on work while telecommuting and not be distracted by television, housework, or visiting neighbors, etc. I will manage my time and workload well, solve many of my own problems, and find satisfaction in completing tasks on my own. I am comfortable setting priorities and deadlines and can keep my sight on results.

Employee Rating _____ Supervisor Rating _____

3. I am comfortable working alone, can adjust to the relative isolation of working at home, and can set a comfortable and productive pace while working at home.

Employee Rating _____ Supervisor Rating _____



4. I have a good understanding of the organization's culture and environment. I am knowledgeable about the organization's procedures and policies and have been on the job long enough to know how to do my job in accordance with those policies.

Employee Rating _____ Supervisor Rating _____

5. I have effective working relationships with co-workers and will be able to maintain such communications while telecommuting.

Employee Rating _____ Supervisor Rating _____

6. I am adaptable to changing routines and environments and have demonstrated an ability to be flexible about work.

Employee Rating _____ Supervisor Rating _____

7. I am an effective communicator, have demonstrated effective communication between supervisors and co-workers, and am comfortable in using various methods of communication.

Employee Rating _____ Supervisor Rating _____

8. I am in good standing with the College on my previous and current performance reviews.

Employee Rating _____ Supervisor Rating _____

9. Is my job appropriate for telecommuting? (Check those that apply.)

My job responsibilities are arranged so that there is no difference in the level of service provided to the customer regardless of work location.

My job has minimal requirements for on-site supervision or contact with the customer.

My job requires low face-to-face communication, and I have the ability to arrange days when communication can be handled by telephone, email, or other electronic means.

My job has minimal requirements for special equipment.

I am able to define tasks and work products with measurable work activities and objectives.

I am able to control and schedule workflow.



10. Is my alternate workplace an appropriate environment for telecommuting? (Check those that apply.)

I have a safe, comfortable workspace where it is easy to concentrate on work.

I have the appropriate level of security required by the College.

I have the necessary office equipment and software that meet College standards.

I have a telephone, with separate home office line if required, an answering machine or voicemail, and sufficient internet access and speed

I have household members who will understand I am working and will not disturb my work.

I understand that I am prohibited from providing dependent care (either to a child or an adult) during work hours. I understand that all personal activities, including child and dependent care, pet care, housework, yardwork, personal errands, etc., must be done only during established break times, meal breaks, and before and after work hours.

I understand and agree that I must use accrued leave when providing dependent care or when addressing other personal responsibilities during work hours. This includes time spent caring for an ill household member or other people.

I certify that my home or rental insurance does not prohibit a home office.

I have reviewed the relevant zoning requirements to ensure a home office is permitted



Denmark Technical College Telecommuting Agreement

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This is an agreement between _____
College) and _____(employee) and shall cover the
period from _____ through _____.

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 College agrees with the employee's participation. The employee's signature on this agreement constitutes acceptance of the terms listed throughout the College Telecommuting Policy.

Notice of Intent to Collect Private Information

As part of this telecommuting agreement, the employee shall provide the address of telecommuting location and any contact information for that location, including home phone and/or personal cellphone. If such information changes, the employee has an affirmative duty to inform their supervisor of the updated telecommuting address and phone number before the move. Failure to provide this information initially and after any change will result in the employee being unable to telecommute. This contact information may be shared with human resources, executive leadership, College safety staff, College supervisors, and any other College or state employee with a business need to access this information.



Designation of Alternate Workplace and Hours:

Regularly scheduled telecommuting should be limited to a maximum of two (2) days per week.

Employees are not permitted to telecommute on: (1) Monday and Tuesday; (2) Thursday and Friday; or (3) Friday and the following Monday as part of a regular telecommuting arrangement. The employee may telecommute for parts of the workday and work in the office for the remainder of the day. For example, an employee may work in the alternate workplace from 8:30 a.m.–noon, and then in the primary workplace from 1–5 p.m. Each day in which an employee telecommutes is considered one day of telecommuting.

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: _____
 Phone Number: _____
 Alternate Workplace: _____
 Address: _____
 Phone Number: _____
 Fax (if applicable): _____
 Cellphone: _____
 Email Address: _____

Supervisors will establish parameters for the time and location of all work to be performed. Supervisors should attempt to provide advance notice of any deviations to an established telecommuting schedule; however, such notice is not a requirement. **Regardless of the telecommuting arrangement, an employee can be required to report to the office location at any time. It is required that employees are advised of this requirement.**

Equipment Used in Alternate Workplace:

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

Item	Inventory Number	Date Issued	Date Returned
1.			
2.			
3.			
4.			
5.			
6.			

Special Conditions or Additional Agreements (List if applicable):

I have read and received a copy of the Telecommuting Policy and fully understand issues regarding: pay, attendance, advancement, leave, overtime, office location, liability, workers compensation, operating costs, safety, evaluation, termination of agreement, and equipment maintenance.

(Employee) I understand that the approval to telecommute can be revoked at any time.

(Employee) My supervisor has reviewed my performance expectations with me, and these expectations are documented in my EPMS/FPMS planning stage/Employee Performance Plan.

(Employee) I agree that I am responsible for attending all required meetings, unless my supervisor approves otherwise.

(Employee) I agree to be available and accessible during the telecommuting scheduled hours for customers, co-



workers, and supervisors/managers. **Regardless of my telecommuting arrangement, I can be required to report to the primary workplace at any time with or without advance notice.**

(Employee) I understand that all personal activities, including child and dependent care, pet care, housework, yardwork, personal errands, etc., should be done only during established break times, meal breaks, and before and after work hours. I understand and agree that I am prohibited from providing dependent care (either to a child or an adult) while working at the alternate work location.

(Employee) I understand that telecommuting agreements are not transferable from one position to another, and this agreement is valid only for my position at the time the agreement is signed.

(Employee) I agree to return all College equipment, supplies, material and/or other property immediately upon request, termination of participation in the Telecommuting program and/or termination of employment.

(Employee) I agree to inform my manager or supervisor any time there is an actual or suspected security issue that arises during my work at an alternate workplace.

(Employee) I understand that the College is not liable for any damages to my personal or real property while I am performing official duties at my alternate workplace.

(Employee) I agree that I will not conduct any face-to-face College business at my alternate workplace.

(Employee) I agree to immediately report to my manager or supervisor any work-related injuries that occur while in the Telecommuting arrangement.

(Employee) I agree to provide certificates of my homeowners' or renters' insurance and to submit any renewal or changes as needed, if requested.

(Employee) I agree that it is my responsibility to ensure compliance with any local zoning ordinances related to working at home or maintaining a home office.

(Employee) I agree that any tax implications of telecommuting are entirely my responsibility as the telecommuter. *Telecommuters are encouraged to seek professional advice in this area.*

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

Employee Signature

Date

Supervisor Signature

Date

System Office/College President Signature

Date



Telecommuting Workplace Safety Checklist

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Success of a telecommuting arrangement depends, in part, on a realistic assessment of the overall safety of an employee's alternate 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 alternate workplace, discuss any concerns, and always report accidents or injuries immediately to their supervisor.

The completed form should be provided to the employee's supervisor.

General Environment

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

Electricity / Equipment

- There are enough electrical outlets in the alternate workplace to support the required equipment. All electrical equipment is free of recognized hazards that would cause physical harm (e.g., frayed wires, 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 workday 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 workplace.

Phone lines, electrical cords, and extension wires are underneath a desk or long baseboards.

There are security controls in place to protect passwords, College-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



Telecommuting Activities Form

Personnel Number:	
Employee Name:	
Division:	
Supervisor Name:	
Work Activities for the Week of:	

Date:	Hours Worked:	Activities
<i>(Ex: 1/1/25)</i>	<i>8:30 – 12:30; 1:30-5:00</i>	<i>Completed file review and drafted findings report.</i>



Termination of Telecommuting Notification

The College may revoke the approval of any employee to telecommute at any time, with or without notice, and the decision to revoke the right to telecommute is not a grievable action under the South Carolina Employee Grievance Procedure Act.

The decision to allow some employees to telecommute and not allow other employees to telecommute is within the College's discretion. There is no right or entitlement to telecommute.

Telecommuting Employee's Name: _____

The College is terminating your Telecommuting Agreement effective: _____ (date)

You are expected to resume work in the office beginning _____ (date)

Failure to return to the office on the date stated above may result in disciplinary action up to and including termination.