



Policy Number:	5521-13	Policy Section:	Institutional Support
Original Effective Date:	9/9/05	Policy Title:	Telecommuting
Date Last Revised:	2/25/20	Department:	Human Resources

Policy Statement:

It is the policy of Cairn University to give consideration to requests by employees to work for the University on a remote or home-based telecommuting arrangement, and to approve such arrangements when deemed mutually beneficial to both the employee and to the University. The University may also establish positions for which an employee is required to work on a remote basis on a regular or as-needed basis.

Purpose:

To establish the process by which telecommuting arrangements will be evaluated, approved, and implemented.

Procedures:

1. Employee Eligibility

Employees whose work can or must be accomplished from a remote location are eligible for consideration for a telecommuting work arrangement.
2. Request and Approval
 - 2.1 Employees who wish to pursue a telecommuting arrangement are required to submit a request in writing to their supervisor at least one month in advance of the start date of the requested arrangement.
 - 2.2 When the University initiates a request, or makes available an option, or designates a position for a telecommuting arrangement, the employee’s supervisor will discuss this arrangement with him/her.
 - 2.3 When the reason for the telecommuting arrangement is of an urgent nature in which advance planning is not possible, (such as, but not limited to, a medical situation) the emergency will be taken into account when the arrangement is considered.
 - 2.4 The request or proposal must state the reasons for and expected duration of the arrangement.
 - 2.5 Supervisors are to refer the request or proposal, along with their recommendation regarding approval, to the Administrator (President’s Cabinet Representative) overseeing their department/school.
 - 2.6 Final approval for telecommuting arrangements of up to one week is at the discretion of the Administrator overseeing the employee’s school or department.
 - 2.7 Final approval for telecommuting arrangements of more than one week is decided upon by the President’s Cabinet.
 - 2.8 The employee’s supervisor will be informed of the decision and will, in turn, notify the employee that plans to implement the arrangement may proceed.
3. Consideration for Telecommuting Arrangements

Telecommuting arrangements will be evaluated on a case-by-case basis. In considering approval of telecommuting arrangements, the Administrator will consider the recommendation of the employee’s supervisor, the requested duration of the arrangement, factors related to the work requirements of the position that the employee holds, and the employee’s ability to perform duties on a telecommuting basis.

The various position-related and employee-related questions to be considered are as follows:

3.1 Position-related

- 3.1.1 What portion of the job can be done off-site, and/or via phone, computer and fax?
- 3.1.2 What is the likelihood that information needed and work to be assigned can be accessed/available electronically or telephonically?
- 3.1.3 How well can the job be accomplished without regular access to photocopiers, files, mail services or other office supplies, services or equipment available only at the University's location?
- 3.1.4 How unique is this position in the organization?
- 3.1.5 How well are duties currently well-defined and results well-measured?
- 3.1.6 How rapidly do organizational changes affect the duties of this position?
- 3.1.7 How well will customers (those outside the organization) be served if this position is off-site?
- 3.1.8 How well will coworkers (those with whom this position regularly interacts) be able to perform if the position is off-site?
- 3.1.9 Would the decision to allow telecommuting be for a short-term only OR would it be truly a good choice for the long-term?
- 3.1.10 If the University would need to provide equipment and tech support, what would be the associated costs, requirements, and manpower needed for set-up and upkeep?
 - 3.1.10.1 The employee's supervisor shall obtain, from the Technology Services department, a copy of the Technology Services Considerations for Telecommuting, which present TS guidelines and requirements for telecommuting.

3.2 Employee-related

- 3.2.1 How long has the employee been employed on-site in this position?
- 3.2.2 How well has the employee demonstrated the ability to work with minimal supervision?
- 3.2.3 What has been the employee's performance level?
- 3.2.4 From what is known about the employee's home setting, will he/she have a safe and efficient work setting (office, desk, etc.)?
- 3.2.5 From what is known about the employee's home setting, will he/she be able to work sufficiently without more than usual interruptions or distractions?
- 3.2.6 Is the employee's attitude or job satisfaction likely to benefit or suffer from separation from coworkers or from the University environment?
- 3.2.7 Would the employee be using his/her own computer, telephone and other communication devices, vs. those provided by the University?
- 3.2.8 Does the employee have the skills to maintain and troubleshoot this equipment?

4. Duration of Telecommuting Arrangements

If deemed mutually-beneficial, telecommuting arrangements will be approved for specific periods of time, not to exceed 12 months. Upon completion of each approved period, the arrangement will be re-evaluated based on the University's and the employee's desire to continue or discontinue the arrangement. For employees who are on a long-term telecommuting arrangement, a reevaluation of the arrangement shall be done annually in conjunction with the employee's performance evaluation. The various factors used to evaluate the viability of the telecommuting arrangement will also be used to determine the appropriate time period for the duration of the arrangement, including renewals and extensions.

5. Conditions

5.1 Compensation and Benefits

Compensation and benefits will continue during telecommuting arrangements unless the arrangement also involves a change in work status (part-time / full-time) or hours. The employee's compensation and benefits may change based on the duration of the arrangement and/or degree of change in work hours.

5.2 Work Responsibilities

Employees will be expected to continue to perform the essential duties of their positions in a satisfactory manner. Depending on the duration of and reason for telecommuting arrangements, certain employees may be expected to report to work at the University location for specific meetings or events. These expectations will be established and communicated by employees' supervisors.

5.3 Technology Needs

The Employee Laptop Computer Use, Hardware and Software Procurement, and Technology Services Support policies shall be reviewed before a telecommuting arrangement may be implemented. While all other conditions for a telecommuting arrangement may be met, a laptop and system access that can be properly and securely supported must be available.

5.3.1 Employees whose duties require the regular use of a computer must have, or agree to obtain, high-speed internet service in the remote location at which they will work. Cairn's Technology Services department has the right to test and approve the adequacy and security of the employee's remote location internet access. The University will not be responsible to acquire or pay for such access to be installed or continued.

5.3.2 Requests for the University to provide mobile devices, laptops, headsets, or other technology to enable or assist the employee in fulfilling work on a telecommuting basis, will be considered and approved on a case-by-case basis.

6. Acknowledgement

Concern for the remote work environment, including employee safety, technology efficiency and security, University liability, and the University's desire that telecommuting employees are on-the-job without undue distractions of a personal nature, the Telecommuting Acknowledgement shall be reviewed and signed by the employee and the overseeing Sr. Vice President. (See Addendum, below.)

President's Cabinet Representative

Date

TELECOMMUTING ACKNOWLEDGMENT

Employee Name: _____ Employee’s Position: _____

Supervisor: _____ Department: _____

Effective Date and Duration of
Approved Telecommuting Arrangement: _____

A. Work Schedule and Hours

____ I understand that employees in positions classified as non-exempt are paid for the time they work and are eligible for overtime pay for hours worked in excess of 40 in a work week. Supervisory approval is required prior to working any hours over the standard 40 per work week. Employees in non-exempt positions are required to clock in and out, using the payroll system’s time card, to track all hours worked.

____ I understand that telecommuting is not a regular substitute for dependent care. During established work hours, I agree to prevent family care demands from interfering with work except in those of an unforeseen emergency. I agree that personal activities (those related to personal errands or appointments, house-keeping activities, etc.) shall occur outside of the work hours established for this telecom-muting arrangement.

____ If I am a benefit-eligible employee, I agree that use of personal paid time off shall be requested and approved by my supervisor.

B. Equipment, Services, and Company Information

____ I agree to safeguard devices, equipment, documents, passwords, and proprietary information (including information that is FERPA protected) from inappropriate access by others. I will ensure that equipment is locked or shut down whenever I step away from my work area.

____ I understand the importance of establishing a work area that is safe and ergonomically arranged, and agree that this is particularly essential when

office-type duties are performed by via a telecommuting arrangement on a long-term basis.

____ I agree to maintain my remote work area in a manner that is clean and free from hazards. I understand that injuries related to work I perform in the course of employment, including injuries that occur at my remote work site, must be reported to the Workers’ Compensation insurance carrier, my supervisor, and the department of Human Resources as soon as possible and no later than one business day following the injury.

____ I understand that the University is not responsible for injuries that are not job-related, and agree to not seek workers’ compensation benefits for such injuries that are incurred outside of the time when I am actively engaged in work activity.

C. Impact on My Home/Remote Location

____ I understand that the University is not responsible to replace, repair, or upgrade my own technology devices or equipment, furnishings, or property.

____ I understand that the University does not assume responsibility for taxes or tax deductions associated with my telecommuting arrangement.

____ I understand that the University does not assume responsibility for personal, homeowners, or other insurance coverage for my home or remote environment.

Employee’s Signature Date

Overseeing Vice President Date