



CENTRAL SERVICES

MEMORANDUM

ROUTING

Title	Print Name	Signature / Date
Employee		
Supervisor		
Manager		
Department Director		
Agency Director-FINAL APPROVAL		
***ROUTING	AFTER	APPROVAL ***
PWA IT Services to Validate Remote Access	PWA IT Services to Notify Employee, Supervisor, Manager, Department Director and PWA HR via Email	
PWA Human Resources	Notification of CEO HR	Filing in PWA Personnel File

SUBJECT: ALTERNATE WORK HOURS, DAYS AND TELECOMMUTING
 ACKNOWLEDGMENT

Alternate Schedule or Hours:

Effective (date) _____, your scheduled work week will be:

DAY OF WEEK	(X)	STARTING TIME	ENDING TIME
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

Alternate Work Hours or Days
March 17, 2020

Employee and Supervisor have discussed office procedures (e.g., procedures for reporting to duty, procedures for measuring and reviewing work, time and attendance, procedures for maintaining office communications).

Employee Initial: _____

Safety, technology and equipment requirements have been discussed and are in place.

Employee Initial: _____

Performance expectations have been reviewed.

Employee Initial: _____

Employee acknowledges that telework is not a substitute for dependent care.

Employee Initial: _____

Employee is expected to comply with the alternate schedule unless prior approval is given for a change. Requests to work overtime, utilize sick leave, request time off, or request a leave of absence must be approved by your supervisor. Public Works management reserves the right to modify or eliminate this schedule as necessary.

Employee Initial: _____

Employee is required to "log-in" at the start time of work via email, phone or text daily.

Employee Initial: _____

Employee is required to "log-out and log-in" from their lunch break.

Employee Initial: _____

Employee is required to "log-out" at the end of their scheduled work day via email, phone or text daily.

Employee Initial: _____

Employee is required to respond within 15-minutes for periodic check-in.

Employee Initial: _____

Skype, Instant Messaging and Telephonic response times are 15-minutes.

Employee Initial: _____

Employee shall submit a date stamped photo of their alternate worksite's workstation on the first day of telecommuting to their immediate supervisor. The photo will be retained by PWA HR.

Employee Initial: _____

Employee will not claim 'hours worked' for competing responsibilities that remove employee from their assigned work.

Employee Initial: _____

Employee acknowledges that the ability to telecommute can be rescinded at any time.

Employee Initial: _____

Alternate Work Hours or Days

March 17, 2020

Employee acknowledges that telecommuting does not alleviate the employee's status of being a Disaster Worker subject to recall and assignment to alternate duties at any time.

Employee Initial: _____

Remote capabilities must be in place before Telecommuting is approved.

Employee Initial: _____

For Telecommuting also complete and attach:

- 1) County of Ventura COVID-19 Telework Daily Task Schedule
 - 2) County of Ventura COVID-19 Telework Agreement
 - 3) County of Ventura COVID-19 Telework-Supervisors Checklist
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