



HOME OFFICE ACTION PACK

KYBER SECURITY
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Home Office & Remote Office Checklist

If you are going to let your employees work from a home office, use this checklist to determine the adequacy of the work space. Remember, the success of your work from home project greatly resides on the ability of your employee to work productively and safely in this environment. If the work space is not adequate or not conducive to productivity, the telecommuting agreement will fail!

1. Does the space seem adequately ventilated? Yes ____ No ____
2. Is the space reasonably quiet? Yes ____ No ____
3. Is there acceptable internet access including Wi-Fi setup and printing capabilities? Yes ____ No ____
4. Are printing capabilities available? Yes ____ No ____
5. Is there a router with available ports for an IP Phone and computer connections? Yes ____ No ____
6. Is the location of the home office work station an acceptable distance from the router's location? Yes ____ No ____
7. Are all stairs with 4 or more steps equipped with handrails? Yes ____ No ____
8. Are all circuit breakers and/or fuses in the electrical panel labeled as to intended service? Yes ____ No ____
9. Do circuit breakers clearly indicate if they are in open or closed position? Yes ____ No ____
10. Is all electrical equipment free of recognized hazards that would cause physical harm (frayed wires, bare conductors, loose wires, flexible wires running through walls, exposed wires fixed to the ceiling)? Yes ____ No ____
11. Are electrical outlets 3 pronged (grounded)? Yes ____ No ____
12. Are aisles, doorways, and corners free of obstructions to permit visibility and movement? Yes ____ No ____
13. Are file cabinets and storage closets arranged so drawers and doors do not open into walkways? Yes ____ No ____
14. Do chairs appear sturdy? Yes ____ No ____



- 15. Is the space crowded with furniture? Yes ____ No ____
- 16. Are the phone lines, electrical cords, and extension wires secured under a desk or alongside a baseboard? Yes ____ No ____
- 17. Is the office space neat and clean? Yes ____ No ____
- 18. Are floor surfaces clean, dry, level, and free of worn or frayed seams? Yes ____ No ____
- 19. Are carpets well secured to the floor and free of frayed or worn seams? Yes ____ No ____
- 20. Is there a fire extinguisher in the home, easily accessible from the office space? Are they current? Yes ____ No ____
- 21. Is there a working (test) smoke detector within hearing distance of the work space (required)? Yes ____ No ____
- 22. Will the employee agree to arrange for an energy audit of the home by the local utility company and fire safety inspection by the local fire department within 30 days of the signing of their work from home agreement? Yes ____ No ____
- 23. We agree that in our opinion this is an acceptable home office space that allows the employee a reasonable opportunity to meet the job requirements as a telecommuter. Yes ____ No ____

Comments (optional):

Site Inspected by: _____

Date: _____



Telecommuting Employee Agreement

The following constitutes an agreement between [Your Business] and [Employee].

[Employee] agrees to participate in the telecommuting program and to adhere to the applicable guidelines and policies. [Your Business] concurs with the employee's participation and agrees to adhere to the applicable guidelines and policies.

Terms and conditions. The telecommuting agreement is subject to the following terms and conditions:

Duration. This agreement will be valid for a period of [specify term] beginning on [start date] and ending on [end date]. At the end of that time, both parties will participate in a review which can result in the continuation, termination or revision of the agreement.

Work hours. Employee's work hours and work location are specified in the Attachment at the end of this agreement.

Pay and attendance. All pay, leave and travel entitlement will be based on the employee's primary business location. Employee's time and attendance will be recorded as performing official duties at the primary business location.

Leave. Employees must obtain 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.

Overtime. The employee will continue to work in pay status while working at the home office. An employee who works overtime that has been ordered and approved in advance will be compensated in accordance with applicable law and rules. The employee understands that [Your Business] will not accept the results of unapproved overtime work and will act vigorously to discourage it.

By signing this agreement, the employee agrees that failing to obtain proper approval for overtime work may result in removal from the telecommuting program or other appropriate action.

Inspection. The telecommuting location will be inspected periodically to ensure that proper maintenance of [Your Business] equipment is performed, and that safety standards are met. Notice must be given to the employee at least 24 hours in advance of the inspection, which must occur during normal working hours.

Liability. [Your Business] will not be liable for damages to the employees' property that result from participation in the telecommuting program.

Reimbursement. [Your Business] will not be responsible for operating costs, home maintenance, or any other incidental cost (e.g., utilities) whatsoever, associated with the use of the employee's



residence. The employee does not relinquish any entitlement to reimbursement for authorized expenses incurred while conducting business for [Your Business].

Workers' Compensation. The employee is covered under the Workers' Compensation Law if injured in the course of performing official duties at the telecommuting location.

Work assignments. The employee will meet with [designate contact person] to receive assignments and to review completed work as necessary or appropriate. The employee will complete all assigned work according to work procedures mutually agreed upon by the employee and [the contact person] according to guidelines and standards stated in the employee's performance plan.

Employee evaluation. The evaluation of the employee's job performance will be based on norms or other criteria derived from past performance and occupational standards consistent with these guidelines. For those assignments without precedent or without standards, regular and required progress reporting by the employee will be used to rate job performance and establish standards. The employee's most recent performance appraisal must indicate fully achieved standards.

Records. The employee will apply approved safeguards to protect [Your Business] records from unauthorized disclosure or damage. Work done at the telecommuting location is considered [Your Business] business. All records, papers, computer files, and correspondence must be safeguarded for their return to the primary business location.

Curtailment of the agreement. [Specify whether the employee may continue working for your business if the employee no longer wishes to telecommute. Also specify the circumstances under which the telecommuting agreement will be terminated by your business (e.g., if continued participation fails to satisfy business needs) and the consequences of that termination on the worker's continued employment.]

Performance location. The employee agrees to limit performance of assigned duties to the primary business location or to the approved home location. Failure to comply with this provision may result in termination of the telecommuting agreement and/or other appropriate disciplinary action.

Employee: _____ Date: _____

[Officer of Your Company]: _____ Date: _____



Attachment

The following hours and locations are agreed to in support of the Telecommuting Agreement.

Primary Business Location: _____

Telecommuting Location: _____

General Work Hours:

| Day | Hours | Location (home, office, other) |
|------------|---------------|--------------------------------|
| Monday: | _____ - _____ | _____ |
| Tuesday: | _____ - _____ | _____ |
| Wednesday: | _____ - _____ | _____ |
| Thursday: | _____ - _____ | _____ |
| Friday: | _____ - _____ | _____ |
| Saturday: | _____ - _____ | _____ |
| Sunday: | _____ - _____ | _____ |



Comments (Schedule flexibility, etc.):

Signatures:

[Your Name]: _____

Date: _____

Employee: _____

Date: _____

Employee Information:

Name: _____

Address: _____

City, State and Zip: _____



EMPLOYEE EQUIPMENT ISSUE AGREEMENT

This agreement is made this _____ day of _____, 200__, between [YOUR COMPANY] (Employer) and _____ (Employee).

In order to effectively perform their assigned tasks, Employee may use [YOUR COMPANY'S] equipment, as outlined below, at the telecommuting location with the approval of [EMPLOYEE'S MANAGER]. Such equipment must be protected against damage and unauthorized use. [YOUR COMPANY'S] owned equipment will be serviced and maintained by [YOUR COMPANY]. Any equipment outside of the equipment outlined below and used by the employee will be at no cost to [YOUR COMPANY], and will be maintained by the employee.

[YOUR COMPANY] agrees to provide the following described property to Employee, while Employee is in employment of [YOUR COMPANY]. In consideration of the use of this property at no cost of Employee, Employee assumes the risk of and shall be responsible for any loss or damage to the property specific to this agreement. In the case of loss, Employee shall be liable for not more than the actual original purchase amount of the property. In the case of damage, the Employee shall be not be liable for more than the cost of repair of the property or replacement with comparable materials.

Employee agrees to return the issued property, all or in part, to Employer upon demand of Employee's Manager or any officer of [YOUR COMPANY]. The time frame shall be immediate, if the property is immediately accessible to the Employee or the next day from the time of notification by the Manager.

In case of loss, damage or failure to return product upon request, the Employee authorizes [YOUR COMPANY] to deduct an amount specific to the total loss and/or repair of the product from Employee's paycheck. Should there remain a balance due after deductions have been made; Employee agrees to pay [YOUR COMPANY] the balance due. Should the Employee refuse to pay Employer for any balance due, Employer has the right to collect the balance through the Municipal Courts of the County [YOUR COUNTY]. The Courts ruling in favor of the Employer in any dispute of balance due, the Employee shall be responsible for all attorneys' fees, collection fees and Court costs.



DESCRIPTION OF PRODUCT ISSUED:

Item Serial Number Qty Extended Price

Employee: _____ Date: _____

[Officer of Your Company]: _____ Date: _____