



LOS ANGELES COUNTY
**DEPARTMENT OF
MENTAL HEALTH**
hope. recovery. wellbeing.

TELEWORK ACKNOWLEDGEMENT FORM

All DMH employees must confirm acknowledgement of the following statements which are based on the County's Telework Program Procedures (Revised July 2023). Please read and initial each of the following:

1. Telework Schedule

_____ I acknowledge that my hours will be recorded in the DMH Telework Request and Agreement and must be approved by the Telemanager.

_____ I acknowledge that telework may only be performed on regular workdays unless otherwise approved by Telemanager.

_____ I acknowledge my telework schedule may not be changed without prior written approval from the Telemanager and any new or revised schedule must be recorded in the Telework Agreement and signed by myself and the Telemanager.

_____ I acknowledge I must check in with my supervisor when I begin teleworking and check out with my supervisor when I end telework each day that I telework and, in the manner, determined by the Telemanager.

_____ I acknowledge I will be available by phone, email, Microsoft Teams, and other electronic messaging during regular work hours as agreed upon with the Telemanager.

_____ I acknowledge I will retrieve and respond appropriately to all phone, email, Microsoft Teams, and electronic messaging from my Telemanager, DMH personnel, other County departments/agencies, and/or DMH clients.

_____ I acknowledge I will respond to my Telemanager's phone, email, Microsoft Teams, and other electronic messaging within 90 minutes to acknowledge receipt of the message and/or provide any requested information.

_____ I acknowledge telework does not change the terms and conditions of my responsibility to comply with all applicable County and DMH policies and Memorandum of Understanding (MOU) provisions, including, but not limited to work hours, overtime, compensation, vacation, and other leave.

_____ I acknowledge while teleworking, I will request to work overtime, utilize sick leave, request time off, or request a leave of absence in the same manner as when working in the primary office work location.

_____ I acknowledge telework does not change my duties, obligations, responsibilities, and conditions of my employment with the County and that salary, retirement, benefits and County-sponsored insurance coverage are unchanged.

_____ I acknowledge if there is a work matter that requires my physical presence in the office work location, I must come into the office even if it is a scheduled telework day. Telemanagers will provide reasonable notice whenever possible. If required, I may be required to report to the office within two hours without advance notice on any telework day unless other arrangements have been made with the Telemanager.

_____ I acknowledge telework is not permitted as a substitute for dependent care and that I must make regular arrangements for the care of dependent adults or children.

2. Telework Equipment and Supplies

_____ I acknowledge if I am issued DMH equipment, I am responsible for ensuring that all DMH equipment is used properly, and when authorized and approved DMH will provide repairs for DMH equipment, as needed.

_____ I acknowledge any equipment provided by DMH for the purpose of facilitating telework may only be used at my approved telework location, and only by me for purposes relating only to DMH business.

_____ I acknowledge I may need to use my own equipment if DMH does not issue equipment. I acknowledge that I may use the link: <http://lacounty.sharepoint.com> to access the DMH Network. I acknowledge that if i need assistance, I may contact the DMH Chief Information Office Bureau at the Help Desk email: helpdesk@dmh.lacounty.gov or at (213) 351-1335.

3. Expenses Related to Telework

I acknowledge that **DMH will not pay for, or reimburse** me for expenses such as:

- _____
- Privately owned or purchased equipment, including but not limited to, telephone, cellular phone, computer or tablet and accessories, computer monitor, furniture, printers, or toner, or any other technology hardware and services.
 - Maintenance or repairs of privately-owned equipment.
 - Utility costs associated with the use of electronics.
 - Costs associated with the occupation of the approved telework work location.
 - Travel expenses (other than County-authorized transit subsidies) associated with commuting to the primary office work location or the approved telework location.
 - Out of pocket expenses for supplies that are regularly available at the primary office work location (unless approved in advanced and in writing).

4. Telework Location

_____ I acknowledge my telework location must be approved by the Telemanager and may not be changed without prior written approval from my Telemanager and completing a Telework Location Safety Checklist for the new telework location.

_____ I acknowledge I may only work from the approved location on the Telework Agreement.

Unless I am at a leased location at a County facility, I acknowledge I am responsible for designating a workspace to be used while teleworking. I agree to maintain the space in a safe condition, free of hazards and other dangers to myself and to DMH equipment. I acknowledge that I must complete the Telework Location Safety Checklist (Attachment III) of DMH Telework Policy.

I acknowledge the approved telework location is considered an extension of the primary office work location, and the County's workers' compensation liability for job-related accidents or injury will apply during designated telework hours.

I acknowledge, as a Teleworker, while working at my approved telework location, my primary office work location designated workspace may be utilized by other employees. I agree to keep my shared designated workspace at the primary office work location in a neat and orderly manner and in an appropriate condition so as not to create safety hazards.

I acknowledge that unless at a leased location or County facility, I am liable for injuries to any third parties or members of my family, guests, or others present at the telework location.

I acknowledge I must report to the primary office work location if I experience any technical issues at the approved telework location, including, but not limited to, internet connectivity, network access, or any other circumstances which I am unable to resolve in a reasonable time and that prevent me from being able to perform necessary work.

I acknowledge I will keep DMH issued equipment and property, including laptops, case files and other confidential material in a secure, locked location while outside of the primary office work location, where other people are not able to view or access the equipment, property or confidential material.

5. Other Telework General Requirements and Acknowledgements

I acknowledge I will carry out the steps needed for proper information security in the approved telework location and will report any information technology security matters to my Telemanager and CIOB by contacting the helpdesk at (213) 351-1335.

I acknowledge I must comply with Board of Supervisors Information Technology policies (Board Policies 6.100 – 6.105) and the Acceptable Use Policy in the approved telework location.

I agree to participate in all studies, inquiries, reports, or analysis relating to the DMH Telework Policy. I understand that any collected data that is made available to the general public will not contain any personal identifiers.

I acknowledge individual tax implications related to telework are my responsibility, and I understand that any questions in this regard should be posed to a tax professional, at my expense.

I agree to use the Telework Timecodes when completing timecards to account for my hours spent teleworking.

_____ I acknowledge I remain obligated to comply with all DMH and County rules, policies, procedures, practices, and instructions (DMH and County policies). I understand that violation of DMH or County policies may result in preclusion from telework and/or disciplinary action, up to and including termination of employment.

_____ I acknowledge the opportunity to participate in routine telework is offered as a management option, not a universal employee benefit (Board Policy 9.090) and that ongoing participation in telework is, at all times, within the discretion of DMH management.

_____ I acknowledge participation in routine telework is entirely voluntary and based on operational needs and may be discontinued at management's discretion, by the Telemanager, or by the Teleworker at any time.

_____ I acknowledge I am required to complete all of the training as required under DMH Telework Policy and Procedures.

Print Employee Name	Signature	Date	Employee #
---------------------	-----------	------	------------

Print Supervisor Name	Signature	Date
-----------------------	-----------	------