



# CLARK COUNTY EMPLOYEE TELECOMMUTING DESIGNATED ALTERNATE WORK DUTY STATION CHECKLIST & AGREEMENT

Employees applying for consideration to participate in Clark County's Employee Telecommuting Program (ETP) must review, complete and sign this Checklist & Agreement, certifying the following:

*As a Clark County employee, I understand it is my responsibility, as a participant in the ETP, to ensure that my home office/designated alternate work duty station meets the same standards of safety, functionality, accessibility, physical security and cybersecurity as my workstation at my place of employment. I am required to complete this form truthfully to the best of my ability. Furthermore, I understand that failure to maintain these minimum standards while participating in this program may result in termination of my participation in the ETP and disciplinary action up to and including termination of employment.*

Employee Information	
Applicant Name:	Date:
Division:	Job Title:
Department:	PRNR:
Phone:	Anniversary Date:
Address - Designated Alternate Work Duty Station: <small>(Place of residence as identified in personnel management system)</small>	

Checklist	
	Check the appropriate boxes:
GENERAL	
1. Is the temperature, noise, ventilation, and lighting adequate for maintaining work performance?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a
2. Is your workspace large enough to comfortably accommodate you, the workstation, equipment, and related material?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a
3. Is your workspace away from noise and distractions, and is devoted to your work needs?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a
4. Are phone lines, electrical cords, and surge protectors secured under a desk or alongside a baseboard as to not pose a trip hazard, and away from heat sources?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a
5. Are file cabinets and storage closets arranged so that drawers are not top-heavy, and neither drawers nor doors open into walkways?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a
6. Are all stairs with four or more steps equipped with handrails?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a
7. Are carpets well secured to the floor and free of frayed or worn seams?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a
8. Are the floors clear and free of hazards?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a
FIRE SAFETY	
9. Are there an adequate number of working smoke alarms, including one in the designated workspace, in the structure?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a
10. Is there a working fire extinguisher available in the designated workspace?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a
11. Are aisles, doorways, and corners free of obstructions so that visibility and movement are not impaired?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a
12. Is the workspace kept free of clutter, trash and flammable liquids?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a
13. Are all radiators and portable heaters located away from flammable items?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a
14. Do you have an evacuation plan in the event of a fire?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a
ELECTRICAL SAFETY	
15. Are there sufficient electrical outlets accessible?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a
16. Is computer equipment protected by a surge protector?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a
17. Is all electrical equipment free of recognized hazards that would cause physical harm (frayed wires, bare conductors, loose wires or fixtures, exposed wiring on the ceiling or walls)?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a
18. Are outlets grounded?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a
COMPUTER WORKSTATION	
19. Is your back adequately supported by a backrest?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a
20. Are your feet on the floor or adequately supported by a footrest?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a
21. Do you have enough legroom at your desk?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a
22. Is there sufficient light for reading?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a
23. Is your computer screen free from noticeable glare?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a
24. Is the top of your computer screen at eye level?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a

25. Are your elbows at an approximate 90 degree angle when typing?	yes	no	n/a
26. Is there an area to rest your arms while not typing?	<input type="checkbox"/> yes	<input type="checkbox"/> no	n/a
27. Is the desk, chair, and other equipment of appropriate design and arranged to eliminate strain on all parts of the body?	<input type="checkbox"/> yes	<input type="checkbox"/> no	n/a
<b>SECURITY</b>			
28. Will County files and materials be kept in a secure location?	<input type="checkbox"/> yes	<input type="checkbox"/> no	n/a
29. Is your computer properly secured through the utilization of firewalls, antivirus software and failed log-on lockout settings?	<input type="checkbox"/> yes	<input type="checkbox"/> no	n/a
<b>LIABILITY</b>			
30. Will homeowner's or renter's insurance be kept current for the structure/designated workspace?	<input type="checkbox"/> yes	<input type="checkbox"/> no	n/a
31. Will third parties be in your designated alternate duty work station during telework hours? If "yes" or "not sure", describe:	<input type="checkbox"/> yes	<input type="checkbox"/> no	n/a

### Employee Agreement

The information provided above is accurate, and I will inform my supervisor of any changes to the status of the above items immediately should conditions change, including change of location. I understand that I am encouraged and expected to review and use the Office of Safety and Environmental "Ergonomics Self-Evaluation Checklist" to ensure that my designated alternate work duty station layout encourages proper posture to reduce repetitive strain injuries and upper body fatigue.

Signature of Employee

Date

### Supervisor Acknowledgement

I acknowledge that I have received and reviewed this completed Designated Alternate Work Duty Station Checklist & Agreement. All responses need not be in the affirmative to allow for approval, however, certain items may require modifications at the AWDS in order to assure a safe and efficient work environment. These findings will be discussed with the applicant to determine if the issues can be remedied and not lead to denial of the application.

I approve the designated alternate work duty station based on the responses provided.

I deny the designated alternate work duty station based on the responses provided. (Provide explanation)

Signature of Supervisor

Date