

Chapter XVI

Flexible Work Arrangements Request

Attachment A Request for Flexible Work Arrangement

Name of Employee:	
Department:	
Title/Position:	
Name of Supervisor:	
Type Requested:	
Reason for Request:	

Note: Employees requesting to telecommute must also complete Attachments C-E and Supervisors must complete Attachments F – G.

Proposed Work Schedule		
Week 1	Hours	Location
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Week 2	Hours	Location
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

By signature below, I attest that I have read and understand the policy and procedures concerning flexible work arrangements and will adhere to the above schedule. I further understand that if approved, a flexible schedule arrangement must be approved at the beginning of each calendar year and approval of one year does not guarantee approval in subsequent years. A flexible work arrangement may be discontinued at any time for operational necessity or based on performance.

Employee Signature	Date
Approve _____ Disapprove _____	Supervisor Signature
	Date
Approve _____ Disapprove _____	Department Head Signature
	Date
Approve _____ Disapprove _____	City Administrator Signature
	Date

Comment/Explanation if Disapproved _____

Attachment B

Special Stipulations Concerning Telecommuting

1. Expectations and Responsibilities of Employees

The employee is responsible for maintaining a safe and ergonomic working environment, including the work area, bathroom, and other areas that may be necessary for working during the telecommuting arrangement

Employees may be called to work at their regular workplace on their regular telecommuting workday to meet workload requirements. The supervisor should provide as much advanced notice as possible. Under no circumstances will the time traveling from the employee's home to the workplace be considered as hours worked.

The duties, obligations and responsibilities of an employee who telecommutes are the same as employees at the centrally located workplace. Employees who telecommute are expected to be working at their home, or other approved location, during their telecommuting work schedule.

Telecommuting employees shall not hold meetings at their alternate workplace where the physical presence of others is required. Employees shall not conduct any unauthorized external (non-city) work during their telecommuting work schedule.

The employee shall participate in any city-sponsored telecommuting and/or technology training as requested by the employee's supervisor. The employee shall participate in any city evaluation of telecommuting

Telecommuting shall not be used as a substitute for dependent or child care. Employees who telecommute are expected to make dependent and child care arrangements during the period they will be telecommuting.

2. Liability

Employees who telecommute will be covered by worker's compensation for all job-related injuries occurring during their defined work period.

In the event of a job-related incident, accident or injury during telecommuting hours, the employee shall report the incident to their supervisor as soon as possible and follow established procedures to report and investigate workplace incidents, accidents or injuries.

Worker's compensation will not apply to non-job-related injuries that occur while telecommuting. The employee also remains responsible for injuries to third parties and/or members of the employee's family on the employee's premises. The City of Roswell will not be responsible for injuries to third parties or members of the employee's family that occur on the employee's premises.

Since the City is ultimately responsible for ensuring that employees have a safe work environment, safety inspections may be made of the alternate workplace as needed. If a job-related incident, accident or injury has occurred, a home safety inspection is mandatory.

3. Equipment and Supplies

Computer and telephone equipment may be provided on an as-needed basis to employees, by the City, based on availability. Information Technology (IT) staff shall determine the equipment required.

The City may pay for or reimburse employees for software installed on City equipment if approved in advance by the employee's supervisor and Department Head and IT staff. In such cases the employee shall consult with IT staff to ensure the software conforms to the City's software policies

Remote access to the City's network may be provided to the employee at the discretion of the IT staff based on the recommendation of the employee's supervisor and Department Head. If the City's remote access system includes Internet access or other dial-in services, the employee may only use this access or service in a manner consistent with City policies.

The City will provide routine maintenance and repairs for City equipment only if the equipment is returned to the employee's centrally located workplace. Maintenance and repair of equipment will not be provided at the employee's home or alternate workplace. The City will not provide maintenance or repairs for employee owned equipment.

The City will not pay for or reimburse the employee for any communications charges including but not limited to, local or long distance telephone calls or service, internet access or service, DSL charges, cell phone charges, etc.

Employees who telecommute may use City supplied office supplies such as pens, pencils, stationary, envelopes, etc. for work purposes. Necessary supplies should be obtained through the normal procurement process. Office furniture, toner, ink or paper for printers or copiers will not be provided to employees who telecommute.

Employees who telecommute are subject to the same city policies regarding the use of City provided equipment, supplies and services as that of employees at the centrally located workplace.

All equipment and supplies must be returned to the City upon conclusion of the telecommuting arrangement, or if the equipment or supplies are no longer needed by the employee to perform their work.

4. Confidential Information

The employee will maintain the confidentiality of City information and documents and prevent unauthorized access to any City system or information, and dispose of work related documents in a manner that will not jeopardize the interests of the City.

5. Requirements for Requesting and Approval of Telecommuting

Employees may request to telecommute by:

- Completing the Request for Flexible Work Arrangement (Attachment A)
- Agreeing to the Special Stipulations Concerning Telecommuting (Attachment B)
- Completing an Employee Self Assessment (Attachment C)
- Completing the Safety Checklist (Attachment D)
- Completing the Telecommuting Agreement (Attachment E)
- Submitting the request to their Supervisor.

The employee's Supervisors must:

- Complete the Supervisor Assessment (Attachment F)
- Discuss the Employee Self Assessment with the employee (Attachment C) to evaluate if telecommuting is a viable option for the employee.
- Discuss the Supervisor's Assessment (Attachment F) with the employee.
- Document any exceptions the supervisor has concerning the Employee Self Assessment and attach to the Supervisor's Assessment.
- Submit the request and Attachments A-G following the approval protocol established by the Department.

Attachment C

Employee Self Assessment

Consideration of telecommuting as a feasible work option is based on a combination of job characteristics and contingent satisfactory employee performance. Certain jobs contain duties that are suitable for telecommuting and other jobs do not.

Telecommuting can be successful for employees who have particular traits and a job suitable for telecommuting. Please answer each question and indicate your response in the appropriate column. When complete, please sign and date the assessment. Your self-assessment will help you decide if telecommute may be right for you.

SELF ASSESSMENT			
		YES	NO
1	Are you self-motivated, self-disciplined and able to work independently?		
2	Can you complete projects on time with minimal supervision and feedback?		
3	Are you productive when no one is checking on you or watching you work?		
4	Do you have strong organizational skills?		
5	Do you manage your time and workload well?		
6	Will you remain focused on your work while at home and not distracted by television, housework or visiting neighbors?		
7	Do you solve many of your own problems?		
8	Do you find satisfaction in completing tasks on your own?		
9	Are you comfortable setting priorities and deadlines?		
10	Are you comfortable working alone and can you adjust to the missed social interaction of the office on your telecommute days?		
11	Are you disciplined enough to apply yourself continuously to your job without interruption or distraction?		
12	Do you have the self-control to work neither too much nor too little?		
13	Can you set a productive pace while working at home?		
14	Are you knowledgeable of the City's and your Department's policies and procedures?		
15	Do you have well-established work, communications and social patterns at the office?		
16	Have you considered if your co-workers would have additional work because you work at home?		
17	Have you determined how to provide support to co-workers when working at home?		
18	Do you have an effective working relationship with your co-workers?		
19	Are you adaptable to changing routines and environments?		
20	Are you willing to come into the office on a regularly scheduled telecommuting day if you are needed?		
21	Have you considered any problems or developmental needs evident in your last performance evaluation that might affect your telecommuting experience?		

22	Are you successful in your current position, do you know your job well?		
23	Do you have an appropriate home work environment?		
24	Do household members understand you will be working at home and will not disturb you?		
25	Have you made arrangements for dependent or child care?		
YOUR JOB			
27	Can your job responsibilities be arranged so there is no significant difference in the level of service provided to the customer?		
28	Does your job have minimal requirements for direct supervision or contact with the customer?		
29	Does your job have low face-to-face requirements with others?		
30	Can most of your communication be handled by telephone or email?		
31	Are there minimal requirements for specialized equipment?		
32	Is your job one where the work flow can be controlled and scheduled?		
33	Do any of these terms apply to your job or the work that you will be doing when you telecommute? Analysis, calculating, data entry, dictating, drafting, editing, evaluating, record keeping, research, telephoning, work processing, writing.		
34	Can you job be performed with files, references and guides which are, or can be stored electronically? If not, can these resources be taken home without impacting co-workers or customers?		

If you answered “Yes” to all of the above questions, you may be the type of person and may have the right type of job for telecommuting to be a success. If you answered “No” to any of these questions, you should seriously reconsider if telecommuting is right for you. Answering “Yes” does not guarantee your telecommuting request will be approved.

Employee’s Signature

Date

Attachment D

Safety Checklist

The following checklist is designed to assess the overall safety of your alternate work place. Please answer each question and indicate your response in the appropriate column. When complete, please sign and date the checklist.

SELF CERTIFICATION SAFETY CHECKLIST			
ELECTRICAL		YES	NO
1	Will the building's electrical system permit the grounding of electrical equipment?		
2	Are all circuit breakers and/or fuses to current codes including the electrical panel labeled as to intended service, and with circuit breakers that clearly indicate if they are in the open or closed position?		
3	Are there are an adequate number of electrical outlets to support equipment in the alternate work place? Are the electrical outlets in the work area permanent in nature, and properly grounded?		
4	Are all electrical equipment, cords and lines free of recognized hazards that would cause physical harm (frayed wires, bare conductors, loose wires, flexible wires running through walls, exposed wires to the ceiling)?		
5	Are the phone lines, electrical cords and extension wires secured under a desk or along the baseboard?		
6	Do you have surge protectors or computers and any other equipment to protect against damage from power surges?		
7	Are all of the electrical equipment and tools properly maintained and free from any known defects or hazards?		
8	Is there sufficient ventilation in space for all electrical components including your computer and monitor?		
ENVIRONMENT		YES	NO
1	Is the work area uncluttered and free of tripping hazards including floor surfaces that are clean, dry, level, well secured, and free of any worn or damaged coverings (tiles, wood, linoleum, carpets, rugs, etc.)?		
2	Is all office equipment adequately supported and free from the danger of falling?		
3	Are any potentially hazardous chemicals stored properly and not in or around the work area?		
4	Are the temperature, noise, ventilation, and lighting levels adequate for maintaining your normal level of job performance?		
5	Are stairs with four or more steps equipped with handrails and any floor coverings on the steps secured properly?		
6	Is your environment conducive to work (i.e. no loud neighbors, barking dogs, outside noises which could be distracting)?		
FIRE PROTECTION		YES	NO
1	Was the smoke detector tested at the time of installation and do you perform monthly tests as directed by the equipment manufacturer along with changing the batteries at		

	least every six months?		
2	Do you have clear access to a fire extinguisher that is up to date and will you maintain the scheduled service?		
EMERGENCY PROCEDURES		YES	NO
1	Do you have a pre-established evacuation plan for emergencies such as fire, flood or severe weather?		
2	Is there more than more one way out of the work area (i.e. doors and/or windows)?		
3	Do you have adequate first aid supplies are on hand and located in the work area?		
ALTERNATE WORK PLACE		YES	NO
1	Do you have a desk or work station that is suitable to perform you job duties?		
2	Are file cabinets and storage closets arranged so drawers and doors do not open causing a safety issue?		
3	Can the height of the chair be adjusted to allow you to sit in a neutral position?		
4	Does your chair have all casters or wheels firmly secured and if applicable, are the rungs and legs of the chair sturdy?		
5	Is your back adequately supported by a backrest? Is the backrest of your chair supporting the curve of your lower back so that your spine is slightly arched?		
6	Are your feet comfortably flat on the floor or a footrest? If a footrest is used, does it allow you to sit in a correct, neutral position at your workstation?		
7	When seated is there adequate support and clearance for your upper legs?		
8	Is there approximately the size of a fist between the edge of the front of the seat of your chair and the back of your knees?		
9	Are your forearms and wrists parallel to the floor and upper arms resting at your sides when positioned at the keyboard or work surface? Are your wrists in a straight and neutral position?		
10	Is there space to rest your arms when not using the keyboard and mouse (if applicable)?		
11	Is the telephone placed within proper reach on the side opposite your writing hand?		
12	Are frequently used materials and equipment positioned so harmful postures and motions are eliminated?		
13	Are your most frequent reaches below shoulder height and/or above knee height?		
14	If a document holder is used, is it placed at the same visible plan as the screen face to reduce back and forth neck motion?		
COMPUTER WORKSTATION		YES	NO
1	Is the top of the viewing screen at a comfortable height (i.e. no tilting of your head back or downward)?		
2	Is the screen at a comfortable distance from your eyes when in use (i.e. you do not have to lean forward or backward to see the print on the screen)?		
3	Does your head and neck rest in a neutral position (i.e. facing forward, chin slightly down, shoulders relaxed)?		
4	Is your screen positioned to prevent glare including light from windows or do you have proper glare apparatus for the screen?		

5	If your screen is located near a window, are there adjustable window treatments on the windows, and do the window treatments properly used to minimize glare?		
6	Are there any fluorescent lights directly overhead or behind your monitor contributing to glare?		
7	Is your computer monitor cleaned frequently to eliminate smudges and dust covering and adjusted for good image contrast and brightness?		
8	Is the computer monitor adjusted for good image contrast and brightness?		

By signature below, I certify that my alternate work area meets all of the above requirements. I understand that since the City is ultimately responsible for ensuring that employees have a safe work environment, safety inspections may be made of a my alternate work place as needed and I authorize the City of Roswell to perform safety inspections at any time.

Employee's Signature

Date

Attachment E

Telecommuting Agreement

TELECOMMUTING AGREEMENT	
Employee Name	
Department	
Title	
Name of Immediate Supervisor	
Main Workplace	
Alternative Workplace	
Date Proposed to Begin Telecommuting	
Please explain why this proposal will benefit both you and the City of Roswell.	
Please indicate specific types of assignments or work that you propose to accomplish while telecommuting.	
Please list the type of equipment that you will need in order to telecommute (i.e. computer, monitor, and telephone).	

I feel that I am a good candidate to telecommute and my job duties are suitable for telecommuting. By signing this agreement, I attest that I have read, understood and agree to comply with the City of Roswell policy concerning Flexible Workplace Arrangements and all special stipulations concerning telecommuting. I agree that if this agreement is approved, that I will adhere to the terms and conditions of this agreement.

Employee's Signature

Date

Attachment F

Supervisor's Assessment

When an employee submits a Request for Flexible Work Arrangement indicating the desire to telecommute, the supervisor is to complete the following and discuss with the employee.

SUPERVISOR ASSESSMENT	
Employee Name	
Department	
Title	
Name of Immediate Supervisor	
Date of Request	

		YES	NO
1	Is the employee self-motivated, self-disciplined and able to work independently?		
2	Can the employee complete projects on time with minimal supervision and feedback?		
3	Is the employee productive when no one is checking on them or watching their work?		
4	Does the employee have strong organizational skills?		
5	Does the employee manage their time and workload well?		
6	In your opinion, can the employee remain focused on their work while at home and not distracted by television, housework or visiting neighbors?		
7	Does the employee solve many of their own problems?		
8	Does the employee find satisfaction in completing tasks on their own?		
9	Is the employee comfortable setting priorities and deadlines?		
10	Does the employee seem to be comfortable working alone and has the ability to adjust to the missed social interaction of the office on days they would telecommute?		
11	Is the employee disciplined enough to apply themselves continuously to their job without interruption or distraction?		
12	Does the employee seem to have self-control to work neither too much nor too little?		
13	Can the employee set a productive pace while working at an alternate location?		
14	Is the employee knowledgeable of the City's and the Department's policies and procedures?		
15	Does the employee have well-established work, communications and social patterns at the office?		
16	If the employee telecommutes, will there be a negligible impact on the workload of		

	their co-workers?		
17	Is it possible for the employee to provide support to co-workers when the employee is telecommuting?		
18	Does the employee have an effective working relationship with their co-workers?		
19	Is the employee able to adapt well to changing routines and environments?		
20	Does the employee seem willing to come into the office on a regularly scheduled telecommuting day if they are needed?		
21	Has there been satisfactory improvement concerning any problems or developmental needs evident in the employee's last performance evaluation that might affect their telecommuting experience?		
22	Do you consider the employee to be successful in their current position and do they know their job well?		
THE EMPLOYEE'S JOB			
27	Can the job responsibilities be arranged so there is no significant difference in the level of service provided to the customer?		
28	Does the job have minimal requirements for direct supervision or contact with the customer?		
29	Does the job have low face-to-face requirements with others?		
30	Can most of the communication be handled by telephone or email?		
31	Are there minimal requirements for specialized equipment?		
32	Is the job one where the work flow can be controlled and scheduled?		
33	Do any of these terms apply to the job or the work that will be done when the employee telecommutes? Analysis, calculating, data entry, dictating, drafting, editing, evaluating, record keeping, research, telephoning, work processing, writing.		
34	Can the job be performed with files, references and guides which are, or can be stored electronically? If not, can these resources be taken home without impacting co-workers or customers?		

By signing below I attest that I have discussed the employee's self assessment and the supervisor's assessment with the employee. Any areas of disagreement or concern have been noted and documented and are attached.

Supervisor's Signature

Date

**Attachment G
Telecommuting Agreement Approvals**

To be completed with copy returned to the employee and to Human Resources

THE FOLLOWING IS TO BE COMPLETED BY SUPERVISOR		
Action of Supervisor	Approve	Disapprove
Comments of Supervisor and Explanation if Disapproved:		

Supervisor Signature **Date**

THE FOLLOWING IS TO BE COMPLETED BY DEPARTMENT HEAD		
Action of Department Head	Approve	Disapprove
Comments of Department Head and Explanation if Disapproved:		

Department Head Signature **Date**

THE FOLLOWING IS TO BE COMPLETED BY CITY ADMINISTRATOR		
Action of City Administrator	Approve	Disapprove
Comments of City Administrator and Explanation if Disapproved:		

City Administrator's Signature **Date**