



EMPLOYEE TELEWORK PROGRAM

INSTRUCTIONS

The Employee Telework Program forms are scanned or electronically signed PDF documents that can be saved and transmitted. All City employees who are eligible to participate in the Telework Program or are currently teleworking **must** complete the attached forms.

1. Advise your immediate supervisor that you want to participate in the Employee Telework Program.
2. Review the Telework Program information to understand program requirements.
3. Complete the forms. Typing your name on the signature line serves as your signature. Save the forms as **Telework Agreement (Your Name)**.
4. Electronically forward the completed forms to your immediate supervisor and department head or his/her designee for concurrence and sign off. The supervisor and department head typing his/her name on the signature line serves as their signature. Save the forms.
5. Forward the completed forms to the Human Resources Department at *humanresources@alexandriava.gov* via email. The Telework Daily Task Summary form should not be forwarded, but maintained by the employee and supervisor.



EMPLOYEE TELEWORK PROGRAM AGREEMENT

The following agreement between:

DEPARTMENT NAME

and

EMPLOYEE NAME

covers the terms and conditions of employment under the Employee Telework Program (Telework Program).

The employee volunteers to participate in the Telework Program and agrees to adhere to the applicable guidelines and policies. The department concurs with the employee's participation and agrees to adhere to the applicable guidelines and policies.

This agreement is not an employment contract. All existing City personnel rules and policies apply to this agreement.

Telework by employees is a choice by management to accomplish City work. As such, the assignment to telework is a non-grievable matter under the City's grievance procedure. A.R. 6-21, IV (B)(8)(c).

The employee agrees to limit performance of officially assigned duties to the official work location or to the Department-approved alternate work site. Failure to comply with this provision may result in termination of the agreement, and/or other appropriate disciplinary action.

Duration. Department and employee agree to a telework arrangement of at least __ months unless unforeseeable conditions require an earlier cancellation. At the end of this period, if the Department Head and teleworker agree, this Agreement shall remain in effect.

Work Hours. Employee's work schedule or authorized assignment hours and location are specified in **Employee Work Schedule (Attachment I)**.

Work Assignments. The employee will meet with the supervisor 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 supervisor. The employee agrees to keep track of his or her work performed while teleworking and reports the results to his or her supervisor by completing the **Telework Daily Task Summary (Attachment II)**.

Leave. Employees must obtain supervisory approval before taking leave in accordance with established office procedures. By signing this agreement, the employee agrees to follow established procedures for requesting and obtaining approval of leave.

Overtime. City rules and regulations governing overtime apply to all employees. Overtime must be approved in advance and compensated accordingly. By signing this agreement the employee agrees that failing to obtain proper approval for overtime work may result in the denial of the overtime claim or other appropriate action.

Equipment and Supplies. City-owned equipment and supplies may be used at the alternate work site. The City assumes no responsibility for the employee-provided equipment and will not service or repair such equipment.

Liability. The City will not be liable for damages to the employee's property resulting from participation in the Telework Program.

Workers Compensation. The employee is covered by the Personnel Administrative Regulations if injured while performing official duties at the alternate work site. The employee agrees to notify the supervisor immediately of any accident or injury that occurs at the alternate work site and to comply with the City policies covering on-the-job injury.

Reimbursement. The City will not be responsible for operating costs, home maintenance, or any other incidental costs (e.g. utilities) whatsoever, associated with the use of the alternate work site, except that with prior approval employees may be reimbursed for long-distance telephone calls.

Records. The employee will apply approved safeguards to protect City records from unauthorized disclosure or damage. Work performed at the alternate work site is considered official City business. All records, papers, and correspondence must be safeguarded for their return to the official location. Automated files are considered official records and shall be similarly protected.

Safety Checklist. If the employee works at home, the **Safety Checklist for Teleworkers (Attachment III)** must be completed by the employee prior to participation in the program and thereafter if the alternate work site changes and/or if the designated work area within the work site changes substantially.

EMPLOYEE SIGNATURE

DATE

SUPERVISOR SIGNATURE

DATE

DEPARTMENT HEAD SIGNATURE

DATE

Attachment I Employee Work Schedule

EMPLOYEE NAME

DATE

TELEWORK SITE ADDRESS

CITY

STATE

TELEWORK START DATE: _____ PROJECTED END DATE: _____

Use the appropriate column to indicate the following:

- Day(s) of the week; and
- Daily Work Hours

In the Comments section, list any variations in the schedule and if the schedule changes, please amend this form, or complete and submit a new one.

Day of Week	X	Daily Work Hours
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

COMMENTS:

Attachment II
Telework Daily Task Summary

- Make a list of the work you plan to complete while teleworking.
- Keep track of the work you accomplish when teleworking.
- Keep your supervisor notified about your work plan and accomplishments.
- Prior to the beginning of the teleworking, give your supervisor a list of your planned work.
- Provide your supervisor with a progress report after a telework day.

NAME

TELEWORK DATE

Task(s)	Time to Complete

Attachment III Safety Checklist for Teleworkers

EMPLOYEE NAME

TELEWORK SITE ADDRESS CITY STATE

To the Teleworker:

The following list is included to raise your awareness of the overall safety of your alternate work site. Please complete, sign and date the safety checklist.

A. Work Place Environment

	Yes	No	N/A
1. Are temperature, noise, ventilation, and lighting levels adequate for maintaining your normal level of job performance?			
2. Are all stairs with four or more steps equipped with handrails?			
3. Are all circuit breakers and/or fuses in the electrical panel labeled as to intended service?			
4. Do circuit breakers clearly indicate the open or closed position?			
5. 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 to ceiling)?			
6. Will the building's electrical system permit the grounding of electrical equipment?			
7. Does the alternate work station have the following items: (a) Smoke detector on each floor? (b) Fire extinguisher (at least 5 lbs. ABC-rated)? (c) First aid kit?			
8. Are aisles, doorways and corners free of obstructions to permit visibility and movement?			
9. Are file cabinets and storage closets arranged so drawers and doors do not open into walkways?			
10. Do chairs have secure casters or sturdy rungs and legs?			
11. Are the phone lines, electrical cords and extension wires secured behind/under a desk or alongside a baseboard?			

	Yes	No	N/A
12. Is the office space neat, clean, free of excessive combustibles?			
13. Are floor surfaces clean, dry, and level?			
14. Are carpets well-secured and free of frayed/worn seams?			
15. Is there enough light for reading?			

B. Computer Work Station (if applicable)

	Yes	No	N/A
16. Do you have surge protectors for this equipment?			
17. Is your back adequately supported by a backrest?			
18. Are your feet on the floor, or are they fully supported by a footrest?			
19. Is laptop/computer monitor and keyboard placement comfortable for working?			
20. Is it easy to read the text on your screen?			
21. Is the computer screen free from noticeable glare?			
22. Is the top of the computer screen eye level?			
23. Do you have enough legroom at your desk?			
24. Is there space to rest the arms while not typing?			
25. When keying, are your forearms parallel with the floor?			
26. Are your wrists fairly straight when typing?			

EMPLOYEE SIGNATURE

DATE