TELEWORK ELIGIBILITY CHECKLIST

Employee Name:	Date:	
Position:	Department:	
Instructions: Use this checklist to assist you in a into a telework arrangement. Refer to the Telework	evaluating the eligibility requirements prior to entering orking Policy for additional detail.	
Position Considerations – Are the duties of the position		
 Independent in nature, includes tasks that of 		
	with other employees, superivsors, or the public	
□ Primarily office-based		
 Aligned with measurable deliverables with of 		
 Able to support the Citywide customer servi 	ice needs using methods other than face to face interaction	
Employee considerations – Does the employee con	•	
 A record of high productivity and performan 		
 Compliance with all organizational and depart 	·	
 A commitment to actively uphold the City va 		
 Effective communication with supervisors, or 		
 The ability to work with minimal supervision 		
 Effective time management 		
 The ability to achieve and maintain a high le The ability to prioritize work and meet dead 		
Work Performance – At the time the telework agree	ment is considered, do the specific work demands:	
Allow for limited or infrequent in-person integration.		
☐ Effectively support the department's mission		
□ Require the use of specific technologies that		
Other Considerations – Is the teleworking employee	e able to ensure:	
□ Reliable internet connectivity and speed to		
□ Compliance with confidentiality requirement	• • •	
	uptions or distractions that affect work performance	
□ Is the primary telework location mutually ag		
Note – Assuming other requirements set forth are mapproved by the City Manager.	net, telework agreements outside of the DMV area must be	
Employee signature:	Date:	
Department signature:	Date:	
Approved: ☐ Yes ☐ No Notes:		

TELEWORK AGREEMENT

The City supports telework arrangements where the position and employee meet eligibility criteria. This agreement is intended to ensure both the department and employee have a clear, shared understanding of the terms and conditions of the telework arrangement.

This form should be completed by the supervisor and employee together, then approved by the Department Head. **Employee Name** Position Department **Direct Supervisor** Type of Request ☐ New Request for Scheduled/Ongoing Telework ☐ New Request for Project-Based Telework or Special Exemption ☐ Management-initiated request (as part of position's work assignment) ☐ Annual Reauthorization of Scheduled/Ongoing Telework with no modifications ☐ Annual Reauthorization of Scheduled/Ongoing Telework with modifications ☐ Modify existing telework agreement ☐ Terminate existing telework agreement Union affiliation ☐ AFSCME FLSA-Exempt employee ☐ Local 400 Non-exempt / overtime eligible $\ \square$ Telework arrangement □ 1 day per week ☐ 2 days per week ☐ 3 days per week ☐ Project-based or temporary exemption (requires City Manager approval) Telework location □ home address □ alternative home – address: □ alternative office – address: _____ Telework dates Start Date _____ Review date (if applicable) _____ End Date _____ Scheduled hours Start time End time Monday Tuesday Wednesday Thursday Friday

** For non-union, FLSA exempt employees, the direct supervisor may notate times of expected availability to meet organizational needs during core business hours.

Describe what type of work you will be doing while teleworking and how telework will benefit the work unit and the employee (use additional sheet if necessary).		
I agree that:		
 I will be available, responsive, and productive during scheduled work hours. I will perform duties, obligations, and responsibilities the same as employees at the central worksite, including my obligation to respond to voicemail, e-mail, and other messages in a timely manner. While teleworking, I will work at the above-listed location(s) during my teleworking workschedule, unless I have received prior approval to temporarily work elsewhere. I will observe rest and meal periods consistent with my employment status and City policy. Any time off or overtime must be prearranged, preapproved, and recorded according to applicable 		
 policies, department guidelines, union contract terms, etc. Management may periodically review, modify and/or terminate this agreement if necessary and this agreement must be reviewed for reauthorization annually. 		
Productivity/Performance Expectations:		
Each teleworking employee is required to maintain the same level of productivity and performance (quality, quantity, timeliness) as their non-teleworking counterparts at the central work site. List below the cadence for how work progress is communicated, and productivity/performance will be managed and assessed (e.g. structured daily or weekly check-ins, work status reports, dashboards, action plans).		
Work Product Security and Records Retention:		
You agree to ensure the protection and safeguarding of any confidential information and documents accessible within your telework site, including preventing unauthorized access to any City system or information, and disposal of work-related documents in an appropriate manner. List below any security or record retention requirements specific to your work unit.		

Workspace, Equipment, and Supplies:

Each teleworking employee is required to maintain a telework site that is safe, functional, ergonomically suitable, and free from recognized hazards. The employee is responsible for costs associated with the setup and ongoing maintenance of the telework workspace (remodeling, furniture or lighting, repairs or modifications to the workspace). The alternative workspace should have reliable internet access, worktable/desk, chair, adequate electrical outlets, and sufficient lighting. If any additional equipment/supplies are required to fulfill responsibilities while teleworking, list them below:

responsibilities while teleworki	ng, list them belo	DW:	
Supplies and City property req	juested by the en	nployee:	
Item:	Provided by:	Date Issued:	Notes:
Technology Support & Requ	iirements:		
demands and position for the cinterruption, the employee must	duration of the te st notify their sup	lework arrangem ervisor immedia	ectivity and speed to support your work nent. In the event of equipment failure or service tely to discuss alternate assignments or other on to the central workspace until resolution
and must be used for business of employees at the centrally le	s purposes only. ocated worksite. I, if the equipmer	Teleworking empth All City property at is no longer ne	e maintained by the City at the central worksite ployees are subject to the same policies as that will be returned when the telecommuting seded to do their work, if employment is seen made.
Equipment or Technology prov	vided to the empl	oyee:	
Item:	Provided by:	Date Issued:	Notes:
Laptop			
Docking station			
Monitor			
Laptop power cord			

Employee Acknowledgment: I understand that this agreement may be discontinued at any time, by requesting that it be terminated myself, or by my department director terminating the agreement. I have read and understand the Telework policy and agree to all provisions __ I understand that I am required to comply with all timekeeping and overtime requirements defined by the local, state, or federal law, applicable collective bargaining agreements, and City policy. All hours worked must be entered into the timekeeping system (currently Kronos). All leave time must be requested and approved via the timekeeping system (currently Kronos). I understand that the work I perform while teleworking remains subject to the records retention policy and applicable regulations. I understand that work-related injuries at my telework location, while performing City functions, may be covered by the City's Workers' Compensation policy. I agree to report any work-related illness or injury immediately to my direct supervisor. I will allow the City to conduct telework site inspections if there are safety concerns or if a job-related incident or accident occurs. ___ I agree to maintain the confidentiality of all City information and documents, and prevent unauthorized access to any City system or information. I agree to comply with all City policies and consistently demonstrate the City's organizational values in meeting the performance and behavioral standards of my position, including the Customer Service, Ethics, Network Usage, and Non-Discrimination, Harrassment Prevention, and Retaliation Policies. I agree to report to the central worksite as necessary, or when requested to do so by my direct supervisor or department director. I understand that any use of my personal vehicle during my scheduled workday may not be compensable depending on the nature of the use. This telework agreement is not a contract of employment and does not provide any contractual rights or guarantee of continued employment. Employee Signature _____ **Management Signatures Supervisor** ☐ Approved with no modifications ☐ Approved with modifications □ Denied □ Terminated If approved, please complete the following:

The service hours that must be met are ____ to ____.

The employee works ____ hours during his/her pay period.

The length of the lunch period is __

Approved with the following modifications:			
Reason for Denial			
 portable or administrative work that of Employee's performance has not been Position duties require access to speed 	handling of classified materials on each scheduled work day		
Reason for Termination of Telework Agreem	ent		
☐ Employee initiated ☐ Management Initia	ted □ Other Reason for Termination		
Direct Supervisor Signature	Date		
Department Director			
□ Recommend Approval of request□ Recommend Denial of request			
Department Director	Date		