

Expanded Telework Agreement

Teleworking at the City of Baltimore (“City”) is the practice of working from an alternative work location instead of the City’s main office location. It is a work alternative arrangement that the City offers to eligible employees when it would benefit both the City and its employees.

Not all positions are suited for telework. For example, those positions responsible for providing in-person customer service, direct handling of secure materials determined to be inappropriate for telework by the Agency Head, or requiring on-site presence are not suited for telework. Telework is a privilege that may be granted in accordance with Telework policy, AM 200-13, Telework Agreement, AM 200-13-1, and Expanded Telework Agreement, AM 200-13-2. Determinations will be made by the immediate Supervisor/Manager and the Agency Head.

Employees who telework shall adhere to the City’s policy and procedures governing telework and all other City policies, procedures, and guidelines, including the acceptable use of information technology. The employee is responsible for maintaining confidentiality and security at the alternate work location.

EXPANDED EMPLOYEE TELEWORK AGREEMENT

Agencies may request expanded telework schedules (more than two days a week) for bureaus, departments or offices to accommodate building space limitations, recruitment and retention needs, etc. Requests for the Expanded Telework Schedule may be made using the Expanded Telework Agreement, AM 200-13-2. Each employee within the bureau, department or office approved for expanded telework must complete a telework agreement and complete an alternative worksite safety checklist. All supervisors of employees approved for telework must complete the Supervisor Telework Responsibilities form.

By December 31 of each year, agency heads that mandate telework in accordance with office space assessments and building space limitations shall submit to the City-wide Telework Program Manager a report which details: (1) an itemized analysis of annual cost savings from office space downsizing; (2) an itemized analysis of the annual equipment and supply expenditures and reimbursements for teleworkers; (3) the number of employees mandated to telework; and (4) an analysis of the impact of mandatory telework on employee morale, recruitment, retention, and productivity.

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AM 200-13-2

Expanded Telework Agreement

EXPANDED EMPLOYEE TELEWORK AGREEMENT

Agency Head Name	Employee ID Number
Position	Division/Department
Supervisor Name	<input type="checkbox"/> FLSA Exempt (Salary) <input type="checkbox"/> Non-Exempt (Hourly)

The Agency Head is requesting an Expanded Telework Schedule:

Yes No

Bureau, Department or Office:

The Agency Head is requesting the above-referenced bureau, department or office to telework:

day(s): _____ per week _____ per month Effective Date: _____

Expanded Telework Schedule

Approved Telework Workdays	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun
Start Time							
Lunch Time							
Break Time (only if applicable)							
End Time							

Alternate Work Site Address	
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Expanded Telework Agreement

ALTERNATIVE WORKSITE SAFETY CHECKLIST

The employee uses this checklist to assess the safety and ergonomic function of the alternative worksite designated location. The employee must complete this checklist prior to the start of telework and submitted to the employee's supervisor for review.

	Yes	No
Safety		
1. Are temperature, noise, ventilation, and lighting levels adequate for maintaining a normal level of job performance?		
2. Are all supplies, equipment, and furniture in good working condition and can they be safely used as intended?		
3. Is storage organized to minimize risks of fire?		
4. Do all electrical enclosures (switches, outlets, receptacles, junction boxes) affecting the designated workspace have tight fitting covers or plates?		
5. 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)?		
6. Will the electrical system permit the grounding of electrical equipment (a three-prong receptacle)?		
7. Are aisles, doorways, and corners free from obstruction to permit visibility and movements?		
8. Are the file cabinets and storage closets (if any) arranged so drawers and doors do not enter walkways?		
9. Are heavy items securely placed on sturdy stands close to walls?		
10. Are phone lines, cable lines, electrical cords, and surge protectors secured under a desk or along a baseboard?		
11. Are computer components kept out of direct sunlight and away from heaters?		
Emergency Preparedness		
12. Are emergency phone numbers (nearest hospital, fire department, police department) posted in the telework area?		
13. Is a first aid kit easily accessible and periodically inspected and replenished (at the employee's expense) as needed?		
14. In case of fire, is there a primary exit path free of obstruction and easy to use?		
Ergonomics		
15. Is your desk, chair, computer (PC) and other equipment of appropriate design and arranged so that:		
• Neck and shoulders are not stooped to view the task?		
• There are no pressure points on any part of the body (wrists, forearms, back of legs)?		
• There is no glare on the screen?		
• Work can be performed without eye strain?		
• There is no strain on any part of the body for static tasks over 20 minutes?		

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AM 200-13-2

Expanded Telework Agreement

**ALTERNATIVE WORKSITE SAFETY CHECKLIST
(CONTINUED)**

Employee must explain any "No" Responses

If the employee indicates a "No" on any of the items herein, the supervisor must forward the checklist to the Agency's Telework Coordinator to complete the box below prior to the supervisor or agency head approval and signature.

Agency Telework Coordinator Approval (only applicable if items herein have a "No" response; if all responses are "Yes", this section is left blank)

I have reviewed the checklist herein and based on the responses, I approve/do not approve of the safety and ergonomic function of the alternative work location.

Agency Telework Coordinator Signature: _____ Date: _____

Agency Telework Coordinator Printed: _____

Expanded Telework Agreement

SUPERVISOR TELEWORK RESPONSIBILITIES

Supervisor Name	
Employee Name	Employee ID Number
Division/Department	

Supervisors are expected to ensure a high level of responsiveness, quality, productivity, and appropriate workload for their employees, and are responsible for the following:

- Understanding Telework policy AM 200-13, Telework Agreement AM 200-13-1, and Expanded Telework Agreement AM 200-13-2.
- Ensuring that participating employees understand Telework policy AM 200-13, Telework Agreement, AM 200-13-1, and Expanded Telework Agreement AM 200-13-2 and the telework agreements are fully executed and uploaded to the Human Resources Information System.
- Continually monitoring employee performance and productivity.
- Clearly articulating telework assignments.
- Immediately addressing any performance concerns.
- Continually evaluating each employee’s telework agreement and the agency’s organizational needs to determine if the telework agreement should continue as is, be altered, or discontinued as needed.
- Communicating and documenting any changes to the employee’s telework status in accordance with City policy.

ACKNOWLEDGMENT

I certify that all information contained in this telework agreement is true and complete to the best of my knowledge. I understand that any erroneous, misleading, or fraudulent information is sufficient grounds for my preclusion from teleworking and/or disciplinary action.

I understand that this telework agreement is not an employment contract and may not be construed as such. I further understand the Telework Agreement may be terminated by the supervisor or employee upon two (2) weeks’ notice to the other party. In cases involving a security breach or violation of City Policy, teleworking privileges shall be terminated immediately without prior notice.

Employee Signature: _____ Employee ID: _____ Date: _____

Supervisor Signature: _____ Supervisor ID: _____ Date: _____

Agency Head (or designee) Signature: _____ Date: _____

City Administrator (or designee) Signature: _____ Date: _____