Flexible Work Arrangement

Employee Packet

*Includes:*

Flexible Work Arrangement (FWA) Policy

FWA Proposal Form

*And, for those requesting to Work from Home:*

Work from Home Self-Assessment Form

Home Office Safety Checklist

Work from Home Agreement

**Flexible Work Arrangement (FWA) Proposal Form**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I propose the following Flexible Work Arrangement:

***Flexible Scheduling: (use this form only)***

\_\_\_\_ Flextime or Part-time (describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_ Part-time - Seasonal (describe):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_ Part-time – Temporary \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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***Working from Home: (submit with additional forms listed on page 3)***

\_\_\_\_ Work from Home

* + Occasional project-based \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* + Once per month on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (day)
  + Every week on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (day)
  + Twice a week on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (days)
  + For these months only: (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Case for the FWA I propose:

|  |  |
| --- | --- |
| Partner/Coworker Impact | Coverage |
|  |  |
| Communication | Organizational Advantages |
|  |  |

Work from Home Proposals: For those requesting to Work from Home, please submit the following additional forms with this Proposal and submit all completed forms as a packet to your Supervisor: (check when completed)

\_\_\_\_\_\_ Work from Home Self-Assessment Form

\_\_\_\_\_\_ Home Office Safety Checklist

\_\_\_\_\_\_ Work from Home Agreement

Decision:

* I approve the employee's FWA request as follows:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* I do not approve the employee's FWA request for these reasons:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Supervisor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

President Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

President Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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If the request is denied, the employee may raise the issue with the Human Resources Director and engage in mediation to try to reach a facilitated agreement.

Work from Home Self-Assessment Form – for Employee

The purpose of this document is to provide an opportunity to evaluate whether working from home will be an effective tool for meeting organizational and personal objectives. Working from home can be a productive scheduling practice, although it may not be feasible for certain positions, job functions, or times of year. This FWA is successful when an employee’s work responsibilities and personal work style are well matched with working away from the office.

This Form will help you and your Supervisor assess whether working from home is a good fit for your organization and you. Once you have completed the Self-Assessment, please schedule a meeting to discuss it with your Supervisor.

1. Name, Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Your main job duties:

A.

B.

C.

D.

E.

1. Please rate each characteristic as High (H), Medium (M), or Low (L).

Existing Work Characteristics: (H, M or L)

\_\_\_\_\_ Amount of face-to-face contact required

\_\_\_\_\_ Degree of telephone communications required

\_\_\_\_\_ Autonomy of operation

\_\_\_\_\_ Ability to control and schedule work flow

\_\_\_\_\_ Amount of in-office reference material required

Your Personal Characteristics: (H, M, or L)

\_\_\_\_\_ Need for supervision, frequent feedback

\_\_\_\_\_ Importance of co-workers’ input to work function

\_\_\_\_\_ Disciplined regarding work

\_\_\_\_\_ Desire/need to be around people

\_\_\_\_\_ Level of job knowledge

\_\_\_\_\_ Quality of work

1. Considering the nature of your job, how much would you like to work from home? Check one:

* Once every 2 weeks on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ day.
* Once a week on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ day.
* Two days a week on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ days.
* Occasionally for special projects
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What kinds of work would you expect to do at home? Choose all that apply:

* Writing/typing
* Data management/computer programming
* Administrative
* Reading
* Research
* Phone calls
* Sending/receiving email
* Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How would you assure that your supervisor, coworkers, and others can get in touch with you while teleworking?
2. What if any work tasks at the office would need to be covered in your absence?
3. Do you have adequate space and appropriate equipment in your home to dedicate to working? Please check all that apply:

* A quiet space
* Privacy
* Absence of interruptions
* Laptop
* Desk and chair

Home Office Safety Checklist

This checklist is designed to assess the safety of the home work site. The Checklist must be completed and signed prior to the employee commencing work from home.

After completing this Checklist, provide the completed form to your Supervisor.

Employee name and home work site address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Description of work area:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Is the workspace free of excessive noise and interruption? \_\_\_\_ yes \_\_\_\_ no
2. Is adequate lighting provided at the work station? \_\_\_\_ yes \_\_\_\_ no
3. Is there adequate room for monitor to be positioned \_\_\_\_ yes \_\_\_\_ no

16-29 inches from the user’s eye?

1. Can the monitor be raised or lowered to accommodate the \_\_\_\_ yes \_\_\_\_ no

correct viewing height (highest line of document at or slightly

below user’s eyes)?

1. Is the chair adjustable in height? \_\_\_\_ yes \_\_\_\_ no
2. Does the chair provide back support? \_\_\_\_ yes \_\_\_\_ no
3. Is all electrical equipment free of recognized hazards \_\_\_\_ yes \_\_\_\_ no

that could cause physical harm?

1. Is electrical system adequate for office equipment? \_\_\_\_ yes \_\_\_\_ no
2. Is electrical equipment grounded? \_\_\_\_ yes \_\_\_\_ no
3. Are surge protectors used and properly installed? \_\_\_\_ yes \_\_\_\_ no
4. Are phone lines, electrical cords and extension wires secured \_\_\_\_ yes \_\_\_\_ no

under a desk or along a baseboard?

1. Are aisles, doorways and floors free of obstructions \_\_\_\_ yes \_\_\_\_ no

to permit visibility and movement?

1. Is the office space neat and clean? \_\_\_\_ yes \_\_\_\_ no
2. Are working smoke detectors installed at the work site? \_\_\_\_ yes \_\_\_\_ no
3. Is the work area private and free of intrusion? \_\_\_\_ yes \_\_\_\_ no
4. Are files and data able to be appropriately secured? \_\_\_\_ yes \_\_\_\_ no
5. Are office furniture and equipment ergonomically correct? \_\_\_\_ yes \_\_\_\_ no
6. Are work materials and equipment in a secure place \_\_\_\_ yes \_\_\_\_ no

that can be protected from damage or misuse?

1. Are there security requirements in place to protect \_\_\_\_ yes \_\_\_\_ no

confidentiality and security of company data and

computer systems?

Work from Home Agreement

This Work from Home Agreement is between \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (Employee) and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (Employer).

The parties agree to the following:

1. On an experimental basis only, we agree that Employee may try working from home. Telecommuting is an arrangement in which the organization may permit employee to work at home or near his or her home in lieu of traveling to his or her usual place of work.

1. All working from home must comply with the employer’s Flexible Work Arrangements Policy. I understand that I must maintain a Satisfactory level of performance in order to be eligible to work from home.
2. Terminable and Modifiable. I understand that the organization may modify or terminate this Agreement at any time for any reason. Working from home is a privilege and not an employee benefit. Employer will not be held responsible for costs, damages or losses resulting from cessation of participation in the teleworking program.
3. Work Hours, Overtime, Schedule. My daily work schedule for working at home will be the same as all office staff and I will work the same core hours of roughly 8 a.m. to 5 p.m. [Hourly Workers: I will keep a daily log of my start and end time and I understand that failure to do this will result in termination of the agreement due to the liability it imposes on the employer. In the event that overtime is anticipated, this must be preapproved in writing in advance by my Supervisor.]

1. Communication with Internal and External Partners. At the beginning of each day I work at home, I will email my team and Supervisor to remind them I am working at home and how to get in touch with me. All clients will always know how to reach me by phone, email, and text. I will return phone calls, emails, texts, within \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Generally, the best way to reach me for immediate response is by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Agility to Meet Organizational Needs. I will be agile in my expectations, putting the needs of the organization first. I will therefore always be available to come in to work in the event I am needed there.
2. Security and Safety of Company Equipment:
   1. If my employer provides me with equipment for use at the designated location, I will use it only for the performance of my duties as an employee of the company.
   2. I will not allow others to use the equipment and violation of this agreement may result in disciplinary action. If there is a problem or malfunction in the equipment, I will immediately contact my supervisor. If the equipment requires repairs resulting from its misuse, I will be responsible to pay for the repairs.
   3. I will return the company’s equipment and property (including but not limited to any software, files, intellectual property and documents, in whatever form) no later than five (5) days after this agreement ends and/or if my employment ends for any reason. To the extent applicable law permits, I authorize the company to deduct from my paycheck the value of any property or equipment that is not promptly returned. Upon receiving an accounting from the company, I agree within fifteen (15) days of receipt to pay all amounts for the unreturned equipment.
   4. In the event that legal action is required to regain possession of company-owned equipment, software, or supplies, I agree to pay all costs incurred by employer, including attorney’s fees.
3. Security Controls
   1. All policies, rules, and requirements of the company relating to the use of its computer equipment, telecommunication systems and any other information technology apply to my work under this agreement.
   2. I will take all necessary steps to preserve the confidentiality of the company’s data and information systems, including but not limited to:
      1. I will comply with password protection protocols
      2. I will not share my password with anyone
      3. I will use an inactivity timer on my device
4. Injury: I will designate a workspace that is professional and not subject to noise or other distraction. I agree to maintain this workspace in a safe condition, free from hazards and other dangers to me and to the equipment. Employer reserves the right to approve the site chosen as my remote workspace, and if requested, I will submit three photos of the home workspace to management prior to implementation of this agreement.
5. If I incur a work-related injury, I will report it immediately to my supervisor. An injury may be compensable under Workers’ Compensation law if it occurs in my designated workspace during my designated working hours.
6. Consent to Employer Actions:

I consent to the employer making on-site visits to maintain, repair, inspect, or retrieve company-owned equipment, software, data, or supplies.

I consent to the employer installing, modifying, and removing security controls at its discretion.

I consent to the employer remotely wiping my device. I understand that this may include my personal email and I will therefore take action to store my personal email on another device other than that which I use for work.

I consent to the employer monitoring my device when it accesses the corporate network.

I consent to the employer taking an image of my device in order to implement a litigation hold.

I consent to the employer accessing company information stored in my cloud account, if there is one.

1. Dependent Care. This FWA is not designed for home care arrangements. Any family care concerns must be resolved before working at home begins, and I agree to make appropriate arrangements to address such concerns.
2. Nothing in this Agreement changes the at-will nature of Employee’s employment. This Agreement is not a promise of employment for any term or period. Either party can terminate the employment relationship at any time.
3. Evaluation. I agree to participate in all studies, inquiries, reports, and analyses relating to this FWA.

I understand that violation of any of the above provisions may result in termination of working from home.

I have read and understand this Agreement and accept its conditions.

EMPLOYEE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_

EMPLOYEE SUPERVISOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_

PRESIDENT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_