TELECOMMUTING

APPLICATION: Full-time and part-time classified employees.

PURPOSE

This policy permits agencies to designate employees to work at alternate work locations for all or part of their workweek in order to promote general work efficiencies.

DEFINITIONS

Alternate Work Location

Approved work sites other than the employee's central workplace where official state business is performed. Such locations may include, but are not necessarily limited to, employees' homes and satellite offices

Central Workplace

An employer's place of work where employees normally are located.

Employee

An employee who works away from his/her central workplace either at home or at another agency-designated or approved remote work location.

Telecommuting

A work arrangement in which supervisors direct or permit employees to perform their usual job duties away from their central workplace, in accordance with work agreements.

Work Agreement

The written agreement between the employer and employee that details the terms and conditions of an employee's work away from his or her central workplace. Work agreements are required for Telecommuting.

Work Schedule

The employee's hours of work in the central workplace or in alternate work locations. (See Policy 1.25, Hours of Work)

GENERAL PROVISIONS

Management is responsible for managing the affairs and operations of state government; thus, agencies have sole discretion to:

a. Designate positions for telecommuting; and

b. Approve employees to telecommute.

Conditions of Employment

Telecommuting assignments do not change the conditions of employment or required compliance with policies.

To the extent possible, the agency and the employee should agree mutually to telecommuting arrangements. However, agencies may establish telecommuting as a condition of employment,

based on the agency's business needs.

In such cases, this requirement should be included when the position is advertised and in correspondence offering employment.

Compensation and Benefits

An employee's compensation and benefits will not change as a result of telecommuting.

Hours of Work

The total number of hours that employees are expected to work will not change, regardless of work location. Employees agree to apply themselves to their work during work hours.

Agencies must ensure that procedures are in place to document the work hours of employees who telecommute, in particular ensuring compliance with the Fair Labor Standards Act.

Telecommuting is not intended to serve as a substitute for child or adult care. If children or adults in need of primary care are in the alternate work location during employees' work hours, some other individual must be present to provide the care.

Attendance at Meetings

Supervisors may require employees to report to a central workplace as needed for work-related meetings or other events or may meet with employee in the alternate work location as needed to discuss work progress or other work related issues.

Use of Leave

Telecommuting is not intended to be used in place of sick leave (Policy 4.55), Family and Medical Leave (Policy 4.20), leave used under the Virginia Sickness and Disability Program (Policy 4.57), Workers' Compensation leave (Policy 4.60), or other types of leave.

However, agencies may determine whether or not it is appropriate to offer telecommuting as an opportunity for partial or full return to work based on agency policy and the criteria normally applied to decisions regarding the approval of telecommuting.

Workers' Compensation Liability

Agencies may be liable for job-related injuries or illnesses that occur during employees' established work hours in their alternate work locations.

Equipment and Materials

Normally, the state will provide equipment and materials needed by employees to effectively perform their duties. However, where agreements specify, employees may be authorized to use their own equipment.

State-Owned Equipment

Authorized use/users – State-owned equipment may be used only for legitimate state purposes by authorized employees.

Employees are responsible for protecting state-owned equipment from theft, damage and unauthorized use.

Maintenance – State-owned equipment used in the normal course of employment will be maintained, serviced and repaired by the state.

Transporting/Installing – Agencies should stipulate who is responsible for transporting and installing equipment, and for returning it to the central workplace for repairs or service.

Employee-Owned Equipment

When employees are authorized to use their own equipment, agencies will not assume responsibility for its cost of equipment, repair, or service.

Costs Associated with Telecommuting

Agencies are not obligated to assume responsibility for operating costs, home maintenance, or other costs incurred by employees in the use of their homes as telecommuting alternate work locations, except as described below.

Agencies may use appropriated funds to:

- pay for leased telephone lines in employee's alternate work location,
- install, and provide basic telephone service in employees' alternate work locations or
- provide cell phones to employees for business use.

If cell phones are not provided, agencies may reimburse employees for business-related long distance calls made from their personal telephones.

Agency Information

Employees must safeguard agency information used or accessed while telecommuting.

Agency supervisors must grant permission according to agency procedures for employees to work on restricted-access information or materials at alternate work locations. Employees must agree to follow agency-approved security procedures in order to ensure confidentiality and security of data.

AGENCY RESPONSIBILITIES

Work performed in alternate work locations is considered official state business; therefore, agencies may establish specific conditions that apply to employees working in alternate locations.

Establish Agency Policy

Each agency must establish internal policies and procedures related to telecommuting. Such policies should maximize the appropriate use of telecommuting without diminishing employee performance or service delivery.

Agency policies also should:

- Identify positions that are appropriate for telecommuting (See Attachment A)
- Require work agreements between the agency and employees
- Require compliance with local zoning regulations

Identification of Ineligible Positions

Each agency is responsible for identifying broad categories of positions that are ineligible for telecommuting and for providing appropriate justification for that determination

Develop Work Agreements

Agencies and employees must agree to the terms of telecommuting before an employee may work at an alternate work location.

Agency agreements must be reviewed and approved by the Office of the Attorney General prior to use.

Agencies may want to include the conditions listed below in work agreements (also, see Attachment B for a sample agreement):

- the duration of the agreement;
- the work schedule and how it can be changed;
- how leave is to be requested and approved by the supervisors;
- status of employees during emergency or weather-related closings affecting the central or alternate workplace under Policy 1.35, Emergency Closings;
- how routine communication between the employee, supervisor, co-employees, and customers will be handled;
- employee's performance plan/expectations;
- the equipment and/or supplies that will be used, and who is responsible for providing and maintaining them;
- any applicable data security procedures;
- safety requirements (see Attachment C for sample checklist); and

- a requirement that employees permit supervisor access to the alternate work location during normal work hours as defined by the telecommuting agreement.

As they deem necessary, agencies may wish to include additional conditions in their work agreements that require employees to:

- comply with all state and agency rules, policies, practices and instructions;
- use agency-provided equipment/supplies only for business purposes, and to notify agency immediately when equipment malfunctions;
- notify their supervisors immediately of any situations which interfere with their ability to perform their jobs;
- maintain safe work conditions and practice appropriate safety habits;
- certify that the work location is free from hazards;
- notify their supervisors immediately of any injury incurring while working;
- agree to allow supervisors to visit the alternate work location immediately after any accident or injury that occurred while working;
- absolve the agency from liability for damages to real or personal property resulting from participation in the telecommuting program; and
- be responsible for the security of information, documents, and records in their possession or used during telecommuting, and not take restricted-access material home without the written consent of their supervisors.

Termination of Agreement

The agency may terminate the telecommuting agreement at its discretion. Agencies should give employees advance notice if a decision is made to terminate a telecommuting agreement; however, advance notice is not required.

Train Managers and Supervisors

Agencies should encourage the successful and appropriate use of telecommuting within the agency by providing training to supervisors and managers in effectively managing telecommuters.

Report in PMIS

Agencies must determine which positions are appropriate for telecommuting and enter the information into the Personnel Management Information System when they:

- establish a position (PSP 130),
- re-establish a position (PSP 131), or
- change the designation of the position (PSP 160, Field Change).

Reporting

The agency head or designee shall annually report to the Secretary of Administration on the status and efficiency of telecommuting and participation in alternative work schedules, *including specific budget requests for information technology, software, or other equipment needed to increase opportunities for telecommuting and participation in alternate work locations.*

AUTHORITY

The Department of Human Resource Management issues this policy pursuant to the authority provided in Chapter 12, Title 2.2 of the Code of Virginia.

INTERPRETATION

The Director of the Department of Human Resource Management is responsible for official interpretation of this policy, in accordance with §2.2-1201 of the Code of Virginia.

Questions regarding the application of this policy should be directed to the Department of Human Resource Management's Office of Agency Human Resource Services.

The Department of Human Resource Management reserves the right to revise or eliminate this policy at any time.

RELATED POLICIES

Policy 1.25, Hours of Work

Policy 1.35, Emergency Closing

Policy 1.40, Performance Planning and Evaluation

Policy 4.20, Family and Medical Leave

Policy 4.55, Sick Leave

Policy 4.57, Virginia Sickness and Disability Program

Policy 4.60, Workers' Compensation

Determining positions that are appropriate for telecommuting

In making decisions about which positions are appropriate to designate or approve for telecommuting, agencies should thoroughly analyze the duties of positions and how the work is preformed.

Generally, the following types of positions may be appropriate for telecommuting:

- Require independent work
- Require little face-to-face interaction
- Require concentration
- Result in specific, measurable work products
- Can be monitored by output, not time spent doing the job

Employee qualities that are appropriate for telecommuting

In making decisions about which employees are designated or approved for telecommuting, agencies should review the work qualities of employees, in addition to ensuring that their positions are appropriate for telecommuting.

Generally, employees who are successful in telecommuting:

- Are able to work productively on their own
- Are self-motivated and flexible
- Are knowledgeable about the job
- Have a low need for social interaction
- Are dependable and trustworthy
- Have above average performance records
- Are organized
- Have good communication skills

SAMPLE TELECOMMUTING WORK AGREEMENT

The following constitutes an agreement on the terms and conditions of telecommuting between:

_____ _____
Agency Date

_____ _____
Employee Date

1. Employee agrees to participate in telecommuting and to adhere to applicable guidelines and policies. ___YES ___NO
2. Employee agrees to participate in telecommuting for an initial period not to exceed one year, beginning _____ and ending _____.
   This agreement may be extended beyond the initial one year period, if agreeable to the agency and to the employee. If extended, the terms of this agreement should be reviewed and updated as necessary.
3. Agency concurs with employee participation and agrees to adhere to applicable guidelines and policies. ___YES ___NO
4. A copy of the agency/State Telecommuting Policy has been given to the employee. ___YES ___NO

WORK LOCATION/SCHEDULE

1. Employee's central workplace is: _____
2. Employee's alternate work location is: _____ _____.
   Describe in detail the designated work area at the alternate work location. _____ _____ _____
3. At the central workplace, employee's work hours will normally be from _____ to _____, on the following days: _____.
4. At the alternate work location, employee's work hours will normally be from _____ to _____, on the following days: _____.
5. Employee's time and attendance will be recorded the same as performing official duties at the central workplace.
6. Supervisors will maintain a copy of employee's work schedule, and employee's time and attendance will be recorded the same as if performing official duties at the central workplace.

WORK STANDARDS/PERFORMANCE

1. Employee will meet with the supervisor to receive assignments and to review completed work as necessary or appropriate.
2. Employee will complete all assigned work according to work procedures mutually agreed upon by the employee and the supervisor, and according to guidelines and expectations stated in the employee's performance plan.
3. Supervisor will evaluate employee's job performance according to the employee's performance plan (on Employee Work Profile or equivalent agency form).
4. Employee agrees to limit performance of his/her officially-assigned duties to the central workplace or agency-approved alternate work location. Failure to comply with this provision may result in loss of pay, termination of the telecommuting agreement, and/or appropriate disciplinary action.

COMPENSATION/BENEFITS

1. All salary rates, leave accrual rates, and travel entitlements will remain as if the employee performed all work at the central workplace.
2. Employee will be compensated in accordance with applicable law and state policy for overtime work that has been requested by his/her supervisor and approved in advance.
3. Employee understands that overtime work must be approved in advance by the supervisor. By signing this form, employee agrees that failing to obtain proper approval for overtime work may result in his/her removal from telecommuting and/or appropriate action.
4. Employee must obtain supervisory approval before taking leave in accordance with established office procedures. By signing this form, employee agrees to follow established procedures for requesting and obtaining approval of leave.

EQUIPMENT/EXPENSES

1. Employee who uses agency equipment agrees to protect such equipment in accordance with agency guidelines. State-owned equipment will be serviced and maintained by the agency.
2. If employee provides equipment, he/she is responsible for servicing and maintaining it.
3. Neither the agency nor the state will be liable for damages to an employee's personal or real property during the course of performance of official duties or while using state equipment in the employee's residence.
4. Neither the agency nor the state will be responsible for operating costs, home maintenance, or any other incidental costs (e.g., utilities) associated with the use of the employee's residence as an alternate work location.

SAFETY

1. Employee is covered by the appropriate provisions of the Commonwealth's Workers' Compensation Program or the Virginia Sickness and Disability Program (VSDP), as appropriate, if injured while performing official duties at the central workplace or alternate work location.
2. Employee agrees to certify that the work location is safe and free from hazards.
3. Employee agrees to bring to the immediate attention of his/her supervisor any accident or injury occurring at the alternate work location while working.
4. Supervisor will investigate all accident and injury reports immediately following notification.

CONFIDENTIALITY/SECURITY

Employee will apply approved safeguards to protect agency or state records from unauthorized disclosure or damage, and will comply with the privacy requirements set forth in the state law, the Department of Human Resource Management Policies and Procedures, or agency policy or procedure.

INITIATION AND TERMINATION OF AGREEMENT

1. Employee agrees to adhere to applicable guidelines and policies.
2. Agency concurs with employee participation and agrees to adhere to applicable policies and procedures.
3. Employee may terminate participation in telecommuting at any time unless it was a condition of employment. Two weeks notice to the agency is recommended.
4. Agency may terminate employee's participation in telecommuting at any time. (Employees may be withdrawn for reasons to include, but not limited to, declining performance and organizational benefit). Two weeks notice to the employee is recommended when feasible, but is not required.

State-owned or leased equipment has been issued to the employee and has been documented by the agency.

	Issued	Date	Documented	Date
computer				
modem				
fax machine				
telephone				
desk				
chair				
file cabinet				
Printer				
scanner				
other (list)				

Supervisor Date

Employee Date

Agency Head (or designee) Date

Safety Checklist
(SAMPLE CHECKLIST AND EMPLOYEE CERTIFICATION FORM)

EMPLOYEE NAME: _____
AGENCY: _____
SUPERVISOR NAME: _____
LOCATION: _____
PHONE: _____

The following checklist is designed to assess the overall safety of the alternate work location. Each participant should read and complete the self-certification safety checklist. Upon completion, the checklist should be signed and dated by the participating employee and immediate supervisor.

The alternate work location is located (check one): ☐ in home
☐ not in home

Describe the designated work area: _____
_____
_____

To the best of one's knowledge:

1.	Is the space free of asbestos-containing materials?	____YES	____NO
2.	If asbestos-containing material is present, is it undamaged and in good condition?	____YES	____NO
3.	Is the space free of indoor air quality problems?	____YES	____NO
4.	Is there adequate ventilation for the desired occupancy?	____YES	____NO
5.	Is the space free of noise hazards (noises in excess of 85 decibels)?	____YES	____NO
6.	Is there a potable (drinkable) water supply?	____YES	____NO
7.	Are lavatories available with hot and cold running water?	____YES	____NO
8.	Are all stairs with four or more steps equipped with handrails?	____YES	____NO
9.	Are all circuit breakers and/or fuses in the electrical panel labeled as to intended service?	____YES	____NO
10.	Do circuit breakers clearly indicate if they are in the open or closed position?	____YES	____NO
11.	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 fixed to the ceiling)?	____YES	____NO

12. Will the building's electrical system permit the grounding of electrical equipment? ____YES ____NO
13. Are aisles, doorways, and corners free of obstructions to permit visibility and movement? ____YES ____NO
14. Are file cabinets and storage closets arranged so drawers and doors do not open into walkways? ____YES ____NO
15. Do chairs have any loose casters (wheels)? Are the rungs and legs of chairs sturdy? ____YES ____NO
16. Is the work area overly furnished? ____YES ____NO
17. Are the phone lines, electrical cords, and extension wires secured under a desk or alongside a baseboard? ____YES ____NO
18. Is the office space neat, clean and free of excessive amounts of combustibles? ____YES ____NO
19. Are floor surfaces clean, dry, level, and free of worn or frayed seams? ____YES ____NO
20. Are carpets well-secured to the floor and free of frayed or worn seams? ____YES ____NO

_____ _____
Employee Signature Date

_____ _____
Supervisor or Designated Agency Representative Date