

# Georgia College & State University Telework and Flextime Policy

## Policy Statement

Georgia College & State University allows teleworking and flextime, on a voluntary basis, to employees who fill job classifications/positions that have been designated as eligible for telework and/or flextime. The Telework and Flextime Program is an employer option, not an employee right, and is appropriate only when it results in a benefit to the institution. Telework and/or flextime may not be suitable for all employees and/or positions. Teleworking and/or flextime as a work option for certain eligible employees is based on specific criteria and procedures consistently applied throughout the department.

## Reason for Policy

The purpose of this policy is to define the program for teleworking (also known as telecommuting) and alternative work schedules, hereinafter referred to as flextime, and the guidelines and rules under which it will operate. There are significant economic, personal, and production benefits of telework and flextime, but there are also a number of potential downfalls. This policy is designed to help managers and employees understand this type of work environment and their associated rights and responsibilities. This policy and its accompanying guidelines provide a general framework for teleworkers and employees approved for flextime at GCSU. It does not attempt to address the special conditions and needs of all employees, nor is it intended to interfere with existing faculty schedules driven by teaching, research, service and/or clinical responsibilities, which can vary daily.

## Related Documents and web sites

- Georgia Human Resources Services Telework Website  
<http://www.spa.ga.gov/employees/telework.asp>
- BOR Telework/Flextime Policy  
[http://www.usg.edu/hr/manual/teleworking\\_flextime\\_policy/](http://www.usg.edu/hr/manual/teleworking_flextime_policy/)

## Policy Definitions

See *Appendix A*. The definitions apply to the terms as they are used in this document.

## Overview

Telework and/or flextime may not be suitable for all employees and/or positions. Units may implement teleworking and/or flextime as a work option for certain eligible employees based on specific criteria and procedures consistently applied throughout the department. Units will be responsible for designating the positions which will be authorized to approve telework or flextime arrangements. Directors, Department Chair, or other management personnel authorized by an institution to approve telework or flextime shall hereinafter be referred to as the Telework or Flextime Manager for the purposes of this policy.

## **Procedures Specific to Teleworking**

Managers who choose to consider telework for employees shall be responsible for the following:  
(Also see Manager Checklist at *Appendix B*)

1. Establish expectations for and monitoring of employee performance.
2. Identify eligible positions suitable for telework.
3. Identify eligible employees (see Employee Participation in Program).
4. Determine if office-like space is required.
5. Determine if equipment will be provided to the employee to use at home (see Equipment and Supplies).
6. Establish how the teleworker will maintain regular contact with office co-workers and supervisors.
7. Determine how the department will handle restricted access materials, security issues, and taking electronic or paper records from the primary work place (see Security and Access to Information).
8. Ensure that practices are consistent and compliant with Board of Regents and institutional policies.
9. Deliver telework training to employees through Vista.
10. Ensure that individual work schedules and reporting for non-exempt employees are in compliance with FLSA regulations and Board of Regents policy.
11. Ensure that each employee's request to telework is considered in relation to the department's operating and customer needs.
12. Require a Telework Agreement (See *Appendix C*).
13. Ensure that those employees approved for telework record their telework days as "TW" for "Teleworking" on the appropriate institutional leave records.
14. Retain a copy of the executed agreement for your employee file and forward the original agreement to the Office of Human Resources.

## **Procedures Specific to Flextime**

Managers who choose to consider flextime for employees shall be responsible for the following: (Also see manager checklist at *Appendix B*)

1. Establishing expectations for and monitoring employee performance.
2. Identifying eligible positions suitable for flextime.
3. Identifying eligible employees (see Employee Participation).
4. Ensuring that each employee's request for flextime is considered in relation to the department's operating and customer needs.
5. Requiring a Flextime Agreement (See *Appendix D*).

## **Guidelines Specific to Telework/Flextime**

### **Conditions of Employment**

The teleworker or flextime conditions of employment remain the same as for non-teleworking employees. Employee salary, benefits, and employer-sponsored insurance coverage will not change as a result of teleworking. The employee shall adhere to all policies, rules, and regulations of the institution, the Board of Regents of the University System of Georgia, and state while teleworking. Further, an employee must have the willingness of his

or her supervisor to perform the necessary supervisory responsibilities required for teleworking. The employee agrees not to conduct personal business while in official duty status at the alternate work place.

### **Teleworking Self-Assessment**

An successful teleworker has particular traits, a job suitable for telework, and a telework site that is conducive to the work assigned. A self-assessment helps an employee interested in teleworking decide whether telework is right for him or her. A department may elect to provide the employee with a self-assessment as part of the application to telework. A sample self-assessment is provided in *Appendix E*.

### **Work Site and Work Hours**

A defined work space and defined core work hours are necessary (1) to reduce GCSU's exposure to risk, (2) to facilitate proper management of teleworkers, and (3) to ensure work is conducted in a productive environment.

### **Work Space**

As a condition of permission to telework, the employee must verify that home facilities used for telework purposes are safe and suitable for purposes of the employee's work. The department may deny an employee the opportunity to telework if the alternate work site is not conducive to productive work. The department should provide the employee with a self-certification checklist as part of the application to telework. The checklist is necessary to reduce GCSU's exposure to risk and liability and helps the employee know if his or her alternate work place is conducive to productive work. A sample checklist is provided in *Appendix F*.

An employee approved to telework shall be responsible for setting up an appropriate work environment within his or her home. The institution will not be responsible for any cost associated with the setup of a home office. Upon request, GCSU will consult with an employee on any modifications or requirements to operate GCSU-owned equipment at the home office. An employee will be required to provide the GCSU with a statement within ten (10) working days of the request to telework confirming that he/she has met the reasonable standards to include health and safety requirements (including an ergonomically sound workstation) and promise to maintain it in the condition for the duration of the telecommuting period.

### **Equipment and Supplies**

Office supplies (e.g. pens and paper) shall be provided by the department and should be obtained during the teleworker's in-office work period. The employee is expected to use his or her own furniture, telephone lines, and other equipment. Any use of private facilities of the employee will be at the employee's discretion and not at the behest or expense of the institution. This applies to all physical improvements and conveniences, as well as services. Under no circumstances, should the institution-owned equipment be installed in an employee's home. An institution, however, may give written permission for certain equipment, for example computers and pagers, to be checked out and used at the alternate work site. As each institution's equipment is the property of the state, each institution must

retain the responsibility for the inventory and maintenance of state-owned property following state laws and procedures.

### **Work Hours**

Each employee who teleworks shall develop a work schedule with the employee's supervisor, and the employee's supervisor must agree in advance to any changes to the employee's work schedule (a sample work schedule template is provided in *Appendix D*). Non-exempt employees subject to mandatory overtime must obtain approval from their supervisor before performing overtime. A non-exempt employee working overtime without such approval may cause the department to terminate the teleworking option and/or take other appropriate action. The employee must obtain approval in advance from his or her supervisor before taking leave during a designated telework day.

The employee must maintain contact with the office as specified in the work schedule, department policy, and telework agreement. An employee's activities outside the time of work or outside the place designated for work will be deemed to be in the employee's own personal time and place, unconnected with work activities.

### **Expenses and Compensable Time**

Work-related long distance phone calls should be planned for in-office days. At the discretion of the supervisor, expenses for business-related long distance calls and cell phone calls, which must be made from a teleworker's home, may be reimbursed if the reasons and costs for the calls are documented. The teleworker is responsible for the cost of maintenance, repair, and operation of personal equipment.

### **Liability**

The employee's home workspace when used for telework is an extension of the department workspace. An institution's liability for job-related accidents will continue to exist during the approved work schedule and in the employee's designated work location. The teleworker is covered under the State's Workers' Compensation Law for injuries occurring in the course of the actual performance of official duties at the alternate work place.

If an injury occurs during teleworking hours, then the employee shall immediately report the injury to the supervisor. The employee, supervisor, and agency should follow the institution's policies regarding the reporting of injuries for employees injured while at work.

The State of Georgia and GCSU are not responsible for any injuries to family members, visitors, and others in the employee's home. The teleworker may not have business guests at the alternate work place.

To the extent permitted by law, the employee will not attempt to hold an institution or the state responsible or liable for any loss or liability in any way connected to the employee's non-work related use of his or her own home.

The teleworker is responsible for contacting the teleworker's insurance agent and a tax consultant and consulting local ordinances for information regarding home work places.

### **Telework Coordination**

Human Resources (HR) will ensure the appropriate coordination of the Telework/Flexitime Program. HR will serve as a liaison to departments and the Statewide Telework Coordinator. HR reps will provide guidance and clarification to departments on telework, act as a liaison regarding compliance with policies, procedures, and guidelines and will report the results of telework in the agency to the Statewide Teleworker Coordinator.

### **Security and Access to Information**

The teleworker is responsible for maintaining confidentiality and security at the alternate work place, as the teleworker would at the primary work place. The employee must protect the security and integrity of data, information, paper files, and access to agency computer systems. All institutional policies on Information Technology and Internet and technology useage apply to teleworking, as they would in the primary work place.

### **Child and Dependent Care**

Teleworking is not a substitute for childcare or dependent care. The teleworker shall continue to make arrangements for child or dependent care to the same extent as if the teleworker were working at the primary work place.

### **Program Reporting and Evaluation**

The employee agrees to participate in studies, inquiries, reports or analyses relating to teleworking at an institution's direction.

## **Employee Participation in Program**

Offering the opportunity to work at home or according to a flexitime schedule is a management option and is not an employee right. An employee's participation in the telework and/or flexitime program is entirely voluntary. The employee, supervisor, or manager may terminate teleworking or flexitime without cause. Teleworking and flexitime are work arrangements between an individual employee and his or her supervisor. A supervisor has no authority to require an employee to telework or work flexitime unless it was a condition of employment or a requirement of the job description.

## **Process/Procedures**

The teleworker or flexitime agreement should be discussed and renewed at least annually, whenever there is a major job change (such as a promotion), or whenever the teleworker or flexitime manager changes positions. Because teleworking was selected as a feasible work option based on a combination of job characteristics, employee characteristics, and supervisor characteristics, a change in any one of these elements may require a review of the teleworking arrangement.

## **Appendices**

Appendix A: Definitions

Appendix B: Flextime and Supervisor Checklist

Appendix C: Telework Agreement

Appendix D: Flextime Agreement

Appendix E: Telework Self-Assessment

Appendix F: Work-Space Self-Certification Checklist

Appendix G: Mobile Worker Agreement

## **DEFINITIONS:**

### **Appendix A: Definitions**

The definitions apply to these terms as they are used in this document.

**Alternate Work place** – A work site other than the employee's usual and customary work site (primary work place). The alternate work place may include the employee's home.

**Core Operating Hours** – Operating hours according to the operating needs of the institution during which all full-time employees are expected to work a minimum of forty (40) hours in a work week. Core hours, which are a subset of operating hours, are the time period during which all regular professional/administrative and staff employees will normally be expected to be present. During this time, all offices are to be open for business, unless administratively and/or programmatically unfeasible. All offices are to be adequately staffed to transact business during these hours and to provide the necessary and appropriate services. An employee's flexible schedule will always include the core hours to facilitate the scheduling of institutional business. Core operating hours at GCSU are 8 a.m. – 5 p.m.

**Eligible Employees** – An employee, in an eligible position, who has been identified by the employee's supervisor as satisfactorily meeting performance standards, terms, and conditions of employment of their position. The employee shall have no active formal disciplinary actions on file for the current or immediately preceding review period.

**Eligible Positions** – A position having measurable quantitative or qualitative results-oriented standards of performance that is structured to be performed during a work period that may vary from the core work hours established for a department or school. For teleworking, the position must be structured to be performed independently of others and with minimal need for support and can be scheduled at least one day a pay period to participate in teleworking without impacting service quality or organizational operations. The eligibility of a position for teleworking or flextime may change depending on circumstances.

**Flextime** – A work period that may vary from the core work hours established for a department or school. Work schedule will include the core hours established by the institution, with the start and end times varying to ensure a forty (40) hour work week. Sample options for flextime, assuming the core hours are 8:00 a.m. to 5:00 p.m., may include 7:00 a.m. to 4:00 p.m. with one (1) hour for lunch, 7:30 a.m. to 4:00 p.m. with thirty (30) minutes for lunch, 8:00 a.m. to 4:30 p.m. with thirty (30) minutes for lunch, or 8:00 a.m. to 5:00 p.m. with one (1) hour for lunch. Four (4) ten (10) hour days may also be considered by the manager when feasible for the department and position.

**Flextime Agreement** – The flextime agreement documents the mandatory policies in effect and the results of any other agreements between the supervisor and the flextime worker. The agreement must be signed by both parties prior to the start of flextime, agreeing that both parties will abide by the terms and conditions of flextime. The agreement must be reviewed and renewed at least annually to ensure that the guidelines for participating in the program indicate continued eligibility and are well understood. A supervisor may elect to revise the agreement when a need arises. In addition, the flextime agreement should be reviewed and revised if

necessary when there is a change in supervisor, job responsibilities, or change in work circumstances or performance. The agreement must have a place where the employee acknowledges that he or she has read and agreed to the terms of the policy and items listed in the agreement. Any employee who is approved for flextime must sign a Flextime Agreement.

**Mobile Worker** – An employee who travels continuously and whose current work location is his or her home or an assigned office. The duties of these positions generally require the employee to meet and work off-site with clients/customers who are dispersed throughout a geographic territory. For the purposes of this policy, mobile workers are not considered teleworkers. (See *Appendix G*)

**Occasional Teleworker** – A teleworker who, with the approval of his or her supervisor, works at home on an infrequent basis. Approval is usually task or project specific and normally approved at least the day before the employee teleworks. Occasional teleworkers do not telework on a scheduled basis. For the purpose of this policy, occasional teleworkers are considered teleworkers. It is not necessary for the occasional teleworker to complete a formal Teleworking Agreement.

**Primary Work place** – The teleworker's usual and customary work place.

**Teleworker** – A person who for at least one or more days in a particular pay period works at home, or a satellite office, to produce an agreed upon work product. All teleworkers should complete the telework agreement and training. A teleworker is not a mobile worker.

**Teleworking** – Working at a location other than the employee's usual and customary work place.

**Teleworking Agreement** – The signed document that outlines the understanding between the agency and the employee regarding the teleworking arrangement. The teleworker agreement documents the mandatory policies in effect and the results of any other agreements between the supervisor and the teleworker. The agreement must be signed by both parties prior to the start of telework period, agreeing that both parties will abide by the terms and conditions of teleworking. The agreement must be reviewed and renewed at least annually to ensure that the guidelines for participating in the program indicate continued eligibility and are well understood. A supervisor may elect to revise the agreement when a need arises. In addition, the teleworking agreement should be reviewed and revised if necessary when there is a change in supervisor, job responsibilities, or change in work circumstances or performance. The agreement must include a sign-off authorization where the employee acknowledges that he or she has read and agrees to the terms of the policy and items listed in the agreement. Any employee who teleworks must sign a Telework Agreement.



## **FORMS:**

### **Appendix B: Telework and Flextime Checklist for Supervisors**

**Checklist for Supervisors – Specific to Telework -** Telework Managers who choose to consider telework for employees shall be responsible for the following:

- 1. Established expectations for and monitoring of employee performance.
- 2. Identified eligible positions suitable for telework.
- 3. Identified eligible employees (see Employee Participation).
- 4. Determined if office-like space is required.
- 5. Determined if equipment will be provided to the employees to use at home (see Equipment and Supplies).
- 6. Established how the teleworker will maintain regular contact with office co-workers and supervisors.
- 7. Determined how the department will handle restricted access materials, security issues, and taking electronic or paper records from the primary work place (see Security and Access to Information).
- 8. Ensured that practices are consistent and compliant with Board of Regents and institutional policies in the use of technology.
- 9. Delivered telework training to employees.
- Ensured that individual work schedules and reporting for non-exempt employees are in compliance with FLSA regulations and Board of Regents policy.
- 10. Ensured that each employee’s request to telework is considered in relation to the department's operating and customer needs.
- 11. Required a Teleworking Agreement (See Appendix C).
- 12. Ensured that those employees approved for telework record their telework days as “TW” for “Teleworking” on the appropriate institutional leave records.
- 13. Retained a copy of executed agreement for your employee files and forwarded original agreement to the Office of Human Resources.

**Checklist for supervisors - Specific to Flextime -** Flextime Managers who choose to consider flextime for employees shall be responsible for the following:

- 1. Established expectations for and monitored employee performance.
- 2. Identified eligible positions suitable for flextime.
- 3. Identified eligible employees (see Employee Participation).
- 4. Ensured that each employee’s request for flextime is considered in relation to the department's operating and customer needs.
- 5. Required a Flextime Agreement (See Appendix D).

## Appendix C: Telework Agreement

### Memorandum

To:

From:

Date:

RE: Telecommuting Agreement

This memorandum shall serve as an agreement between the employee named above and the Department of \_\_\_\_\_ through which the employee will be allowed to utilize telecommuting to perform the duties and responsibilities of his or her position from a location other than the primary departmental office located at \_\_\_\_\_. This agreement shall be referred to as the “telecommuting agreement” and is authorized by the department on a.) a trial basis, or b) for the period designated below.

As the employee approved for telecommuting, it is important for you to understand that we, as the employer, may change any of the conditions or requirements of the telecommuting agreement at any time during the period of the agreement. Also, Georgia College & State University management reserves the right to cease this arrangement altogether at any time.

#### **1. DURATION:**

This agreement will be valid beginning on \_\_\_\_\_ and ending on \_\_\_\_\_. (Not to exceed one year, but renewable in one year increments). Thirty (30) days prior to the end of the period, or at any time during the telecommuting period, both parties will participate in a review, which can result in the reactivation or termination of the agreement.

#### **2. WORKING LOCATION:**

As an employee approved for telecommuting, you agree to maintain an office or adequate work space at your residence located at \_\_\_\_\_. This office location will be considered your telecommuting work location. Unless your work location is specified in your official campus job description as being regularly assigned to a remote location/site, you will not be reimbursed for mileage associated with traveling to the main campus.

#### **3. WORKING HOURS:**

Under the terms of this agreement, you are approved to telecommute \_\_\_\_\_ day(s) per \_\_\_\_\_ (generally week or month), which shall generally (option a) be on \_\_\_\_\_ (day) of each week or (option b) vary week to week. On the days you are approved to telecommute, you are expected to be productive and actively engaged in work *at least* eight (8) hours a day during the department’s normal business hours, with a one hour break for lunch, while working from your home office during this telecommuting period. If you are an exempt employee (paid monthly), your monthly leave report showing any leave taken will be turned in as normal on the last working day of the month. If you are a non-exempt employee (hourly paid), your weekly work log showing all hours worked must be turned in on Monday mornings, by 9 a.m. for the preceding week.

You must obtain supervisory approval within a timely manner before taking leave in accordance with established office procedures and institutional policy. Please continue to submit your leave requests to .

When necessary, we may inform you in person, via email or telephone of an office meeting that will require your presence on campus. We will do our best to give you at least 24 hours notice, but shorter notice is possible and acknowledged.

As an employee approved for telecommuting, you agree and understand that telecommuting requires that you be able to devote 100% commitment to working during the regular work hours specified above and that you will make arrangements to ensure that household duties, including child care, do not interfere with work time or are not conducted or performed during the normal work time.

#### **4. TELEPHONE/COMPUTER/NETWORK & EQUIPMENT ACCESS & USE**

As an employee approved for telecommuting, you agree and understand that you will be expected to be accessible by telephone and thus will maintain a telephone line that can be used for phone calls at your own expense. To the extent possible, personnel at an institution's primary location will call you to minimize long distance expenses for you, but you agree and understand that there may be times when you will incur telephone charges in the performance of your duties and will do so at your own expense, without expectation of reimbursement. You further agree to have the phone line available to send and receive faxes as necessary. If your phone line cannot accept faxes, arrangements will be made to make any printer issued to you facsimile-compatible.

Access to the information technology network and other applicable technology will be set up in accordance with GCSU policy.

Option 1: During the period of this telecommuting agreement, the Department of will provide you with an institutional computer and printer for your use in carrying out the duties and responsibilities of your position. You are authorized to use this computer and the network access referenced above in accordance with all applicable institutional computer use and information technology policies. Failure to adhere to institutional computing and IT use policies may result in revocation of use privileges, revocation of this telecommuting agreement, and possibly termination of employment. You will be required as a condition of employment, to maintain internet access from your home office.

The specific list of equipment provided to you for use under this agreement includes:

List of equipment An equipment loan agreement form must be completed and approved for any equipment provided under this agreement prior to removal of state property from the regular work site.

It will be your responsibility to ensure the appropriateness and safety of the equipment at all times. The equipment must be protected against damage and unauthorized use GCSU owned equipment will be serviced and maintained by GCSU. Equipment provided by the employee will be at no cost to GCSU, and will be maintained by the employee.

You agree not to use GCSU owned equipment for personal purposes.

Option 2: During the period of this telecommuting agreement, you will be expected to provide your own internet accessible computer and printer to support your work activities. You will be required, as a condition of employment, to maintain internet access at your own expense.

#### **5. WORK ASSIGNMENTS**

You will receive your work assignments by corresponding with your immediate supervisor on a daily basis at the beginning of the work day, or as necessary during the day, and/or by picking up assignments at the location. Work assignments may also be communicated by phone or sent by mail. If there are any questions or concerns about your assignments, you are expected to inform your immediate supervisor of them at the time of receipt.

Once assignments have been completed, you may either send them via email or return them to the same location used for pick up unless otherwise specified by your immediate supervisor.

#### **6. PHYSICAL HOME OFFICE SPACE, LIABILITY**

You agree to have a designated work area in your home. If there are any injuries while you are working, the workers' compensation coverage will be limited to occurrences in the designated work space (or during work-related travel). Also, if such an injury were to occur, it will be investigated in accordance with the standard workers' compensation procedures promulgated by the Georgia Department of Administrative Services (DOAS).

If there is an illness or injury, which is a result from the condition of this home office arrangement, GCSU is released from any possible liability.

GCSU will not be liable for damages to the employee's property that result from participation in the telecommuting program.

Since visitors and family members are not permitted in the work space, GCSU will not be responsible for visitors or family injured at the work site.

Under the terms of this agreement, you are responsible for setting up an appropriate work environment within your home. GCSU will not be responsible for any cost associated with the set-up of a home office. Upon your request, GCSU will consult with you on any modifications or requirements to operate GCSU owned equipment at the home office.

You will be required to provide us with a statement, by date, to confirm that you have met the reasonable standards to include health and safety requirements (including an ergonomically sound work station) and promise to maintain it in the condition for the duration of the telecommuting period.

#### **7. CURTAILMENT OF THE AGREEMENT:**

The employee's supervisor or unit head may terminate participation in this agreement at any time. Management also reserves the right to remove the employee from the program at any time.

*Upon reasonable notice of not less than seven (7) working days*, the employee will be expected to report for work at the primary departmental office location or other location as assigned by the supervisor.

The employee agrees to limit performance of officially assigned duties to the work location specified in paragraph 2. Failure to comply with this provision may result in termination of the Telecommuting Agreement and other appropriate disciplinary action.

We look forward to working with you on this telecommuting assignment and will appreciate any input from you during this process on how we may assist you and our office with ensuring that you are productive and able to meet job expectations under this agreement.

You accept the terms and conditions of this agreement as provided by the employer. You understand what is expected during the period of this telecommuting agreement. If there are any concerns regarding this arrangement, you will immediately alert \_\_\_\_\_ (employee's direct supervisor name) for clarification and resolution.

\_\_\_\_\_  
Employee (printed name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee (signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor (signature)

\_\_\_\_\_  
Date

**GCSU Policies**

During the period of this agreement, the employee agrees that he/she shall be covered by all GCSU policies and procedures surrounding employment. The dates shown in the duration section are not to be construed as a contract and do not guarantee continuation of employment during the period.

## Appendix D: Flextime Agreement

This flextime agreement (hereafter “agreement”), effective (date) \_\_\_\_\_, is between (employee name)

(hereinafter referred to as “Employee”), an employee of GCSU. The parties agree as follows:

### Scope of Work

Employee agrees, unless it is a condition of employment, that flextime is voluntary and may be terminated, by either the Employee or GCSU with or without cause.

Other than those duties and obligations expressly imposed on Employee under this agreement, the duties, obligations, responsibilities, and conditions of Employee’s employment with GCSU remain unchanged. Employee’s salary and participation in the retirement benefit and any GCSU sponsored insurance plans shall remain unchanged.

This agreement shall be construed, interpreted, and enforced according to the laws of the State of Georgia.

### Work Hours and Leave

Employee agrees that work hours will conform to the terms agreed upon by Employee and GCSU.

Employees subject to mandatory overtime agree to obtain advance supervisory approval before performing overtime. Working overtime without such approval may result in termination of the flextime option and/or appropriate action. Employee agrees to obtain advance supervisory approval before taking leave.

### Work Schedule and Work Status

Employee agrees to develop a work schedule with Employee’s supervisor, and Employee’s supervisor must agree in advance to any changes to Employee’s Work Schedule. Employee agrees to provide department timekeeper with a copy of Employee’s Work Schedule.

Employee agrees to perform only official duties and not to conduct personal business while on work status during the flextime hours, regardless of direct supervision.

The Employee’s flexible work schedule shall be as follows:

| Day       | Start Time | End Time |
|-----------|------------|----------|
| Monday    |            |          |
| Tuesday   |            |          |
| Wednesday |            |          |
| Thursday  |            |          |
| Friday    |            |          |

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**Work Performance**

Employee agrees to provide regular reports, as required by the supervisor to help evaluate work performance. Employee understands that a decline in work performance may result in termination of this agreement by GCSU.

**Other Action**

Nothing in this agreement precludes GCSU from taking any appropriate disciplinary or adverse action against Employee if Employee fails to comply with the provisions of this agreement or terms and conditions of employment.

**Participation in Studies and Reports**

Employee agrees to participate in studies, inquiries, reports, or analyses relating to flextime.

**Term of Agreement**

This agreement shall be for the period of (start date) through (not to exceed end of current fiscal year) and may be renewed in one year periods or shorter at the discretion of the supervisor, if requested by the Employee.

**Provisions for Cancellation of Agreement**

Employee’s participation in the flextime program is voluntary and is available only as long as Employee is deemed eligible at GCSU’s sole discretion. Flextime is not an entitlement or benefit of employment. Either party may cancel Employee’s voluntary participation in flextime, with or without cause, upon reasonable notice thereof, in writing, to the other. This agreement is not a contract of employment and may not be construed as one.

**I have read and understand this Agreement and the Flextime Guidelines and agree to abide by and operate in accordance with the terms and conditions described in both documents. I agree that the sole purpose of this agreement is to regulate flextime and that it does not constitute an employment contract, nor an amendment to any existing contract, and may be cancelled at any time.**

\_\_\_\_\_  
Flextime Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Date





## Appendix E: Telework Self-Assessment

A successful teleworker has particular traits, a job suitable for telework, and a telework office that is conducive to work. Read each of the numbered sections below and check the box that most accurately describes you or your situation. Your self-assessment will help you decide whether telework is right for you. See the bottom of page three (3) for help in evaluating your self-assessment.

1. Successful teleworkers develop regular routines and are able to set and meet their own deadlines. Are you self-motivated, self-disciplined, and able to work independently; can you complete projects on time with minimal supervision and feedback; and are you productive when no one is checking on you or watching you work?

Always     Usually     Sometimes     Not really

2. Do you have strong organizational and time-management skills; are you results-oriented; will you remain focused on your work while teleworking and not be distracted by television, housework or visiting neighbors; do you manage your time and workload well, solve many of your own problems and find satisfaction in completing tasks on your own; are you comfortable setting priorities and deadlines; and do you keep your sights on results?

Always     Usually     Sometimes     Not really

3. Are you comfortable working alone; can you adjust to the relative isolation of working at home; will you miss the social interaction at the central office on your telework days; do you have the self-control alone; and can you set a comfortable and productive pace while working at home?

Yes     No

4. Teleworkers should have a good understanding of the organization's "culture." Are you knowledgeable about your organization's procedures and policies; have you been on the job long enough to know how to do your job in accordance with your organization's procedures and policies; and do you have well-established work, communication, and social patterns at the office?

Yes     No

5. Do you have an effective work relationship with co-workers; have you determined how to provide support to co-workers while working at home; and have you and your supervisor evaluated the effects of your telework days and those of your co-workers in maintaining adequate in-office communication?

Yes     No

6. Are you adaptable to changing routines and environments; have you demonstrated an ability to be flexible about work routines and environments; and are you willing to come into the central office on a regularly scheduled telework day if your supervisor, co-workers, or customers need you there?

Yes     No

7. Are you an effective communicator and team player; do you communicate well with your supervisor and co-workers; are you able to express needs objectively and develop solutions; and have you

developed ways to communicate regularly with your supervisor and co-workers that you can use when you telework?

Yes       No

8. Current job performance is a strong indicator of your potential success as a teleworker. Consider how any problems or developmental needs evident in your last performance evaluation might affect your telework experience. Are you successful in your current position; do you know your job well; and do you have a track record of performance?

Yes       No

9. Do you have the right job for telework?

Job responsibilities that can be arranged so that there is no difference in the level of service provided to the customer. Minimal requirements for direct supervision or contact with the customer. Low face-to-face communication requirements with the ability to arrange days when communication can be handled by telephone or e-mail. Minimal requirements for special equipment. Ability to define tasks and work products with measurable work activities and objectives. Ability to control and schedule work flow. Tasks include those that could be done away from the central office such as:

|             |                    |                 |
|-------------|--------------------|-----------------|
| Analysis    | Dictating          | Reading         |
| Auditing    | Drafting           | Record Keeping  |
| Reports     | Editing            | Research        |
| Batch Work  | Evaluations        | Telephoning     |
| Calculating | Field Visits       | Word Processing |
| Data Entry  | Graphics           | Writing         |
| Design Work | Project Management |                 |

10. Do you have an appropriate telework environment; a safe, comfortable work space where it is easy to concentrate on work; the level of security required by the institution; the necessary office equipment and software that meet agency standards; a telephone, with a separate home office line, if required, and an answering machine or voice mail; household members who will understand you are working and will not disturb you?

### **Evaluate Your Self-Assessment**

#### **Are you the right kind of worker?**

- If your answers to Questions 1 through 8 are “Always” or “Yes,” you’re the kind of employee likely to be successful at telework.

#### **Do you have the right kind of job?**

- You should be able to check every item under Question 9.

#### **Do you have the right home environment?**

- You should be able to check every item under Question 10.

## Appendix F: Work-Space Self-Certification Checklist

### Work Space Self-Certification Checklist and Safety Guidelines for the Telework Location

**Employee Name:**

**Department/Campus Address:**

**Supervisor's Name:**

**Designated Telework Location:**

**Telework Street Address:**

**City:          County:          State:          Zip:          Telework Phone Number:**

**Email:**

Dear Teleworker:

The following checklist is designed to assess the overall safety of your alternate work site. The checklist is necessary to make you aware of the need for a safe work place that is conducive for productive work. The safety guidelines are to provide you with information to assist you with maintenance of your telework location. Please read and complete the information regarding the designated work area. Discuss with your supervisor if you have questions.

| <b>Please complete the following about the designated work area.</b>  | <b>Yes</b> | <b>No</b> |
|---|------------|-----------|
| Are temperature, noise, ventilation, and lighting levels adequate for maintaining your normal level of job performance?   |            |           |
| 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 the ceiling)? |            |           |
| Are the phone lines, electrical cords, and extension wires secured under a desk or alongside a baseboard?   |            |           |
| Is the office space neat, clean, and free of excessive amounts of combustibles?   |            |           |

## Safety Guidelines for the Telework Location

Participating employees should use these recommended guidelines to assist them in a survey of the overall safety and adequacy of their alternate work site. The following recommendations do not encompass every situation that may be encountered. Employees are encouraged to obtain professional assistance with issues concerning appropriate electrical service and circuit capacity for residential work sites.

Always report accidents and injuries immediately to your supervisor.

1. Develop and practice a fire evacuation plan for use in the event of an emergency.
2. Check your smoke detectors regularly and replace batteries as recommended.
3. Always have a working fire extinguisher at your telework location and check the charge as recommended.
4. Computers are heavy. Always place them on sturdy, level, well-maintained furniture.
6. Take the following into consideration when locating your computer:
  1. Place the monitor where there will not be any noticeable glare from windows or lighting.
  2. Place the monitor at a comfortable height for viewing.
  3. Locate the computer keyboard and mouse at a height that does not cause wrist strain.
  4. Use a surge protector and make sure all cables are grounded.
7. Always power down computers after the work day is over and always turn off all electrical equipment during thunderstorms.
8. Choose office chairs that provide good supporting backrests and allow adjustments to fit you comfortably.
9. Locate computers, phones and other electrical equipment in a manner that keeps power cords out of walkways.
10. Keep your work area clean and avoid clutter, which can cause fire and tripping hazards.

I certify that my responses to the checklist are true and complete to the best of my knowledge. I understand that any erroneous, misleading, or fraudulent information is sufficient grounds to disqualify me from teleworking. I have read the Safety Guidelines for the Telework Location and have discussed any concerns with my supervisor.

\_\_\_\_\_  
Employee (printed name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee (signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor (signature)

\_\_\_\_\_  
Date

# Appendix G: Mobile Worker Agreement

## Memorandum

To:

From:

Date:

RE: Mobile Worker Agreement

This memorandum shall serve as an agreement between the employee named above and the Department of \_\_\_\_\_ through which the employee will be designated as a Mobile Worker under the Teleworking/Flexitime Policy and allowed to perform the duties and responsibilities of his or her position from a location other than the primary departmental office located at \_\_\_\_\_. This agreement shall be referred to as the “mobile worker agreement” and is authorized by the department on a) a trial basis, or b) for the period designated below.

As the employee approved for mobile work, it is important for you to understand that we, as the employer, may change any of the conditions or requirements of the agreement at any time during the period of the agreement. Also, management reserves the right to cease this arrangement altogether at any time.

### **1. DURATION:**

This agreement will be valid beginning on \_\_\_\_\_ and ending on \_\_\_\_\_. (Not to exceed one year, but renewable in one year increments). Thirty (30) days prior to the end of the period, or at any time during the period, both parties will participate in a review, which can result in the reactivation or termination of the agreement.

### **2. WORKING LOCATION:**

As an employee approved for mobile work, you agree to maintain an office or adequate work space at your residence located at \_\_\_\_\_. This office location will be considered your primary work location and will serve as your point of departure when processing travel requests and reimbursements. Unless your work location is specified in your official campus job description as being regularly assigned to a remote location/site, you will not be reimbursed for mileage associated with traveling to your institution’s campus.

### **3. WORKING HOURS:**

You are expected to be productive and actively engaged in work *at least* eight (8) hours a day, Monday through Friday, during the department’s normal business hours of [insert time here] to [insert time here], with a [insert length of time here] break for lunch, while working from your home office during the period of this agreement. If you are an exempt employee (paid monthly), your monthly leave report showing any leave taken will be turned in as normal on the last working day of the month. If you are a non-exempt employee (hourly paid), your weekly time must be submitted in accordance with institutional policy and overtime must be pre-approved. You must obtain supervisory approval within a timely manner before taking leave in accordance with established office procedures and institutional policy. Please continue to submit your leave requests to \_\_\_\_\_.

When necessary, we may inform you in person, via email or telephone of an office meeting that will require your presence on campus. We will do our best to give you at least twenty-four (24) hours notice,

but shorter notice is possible and acknowledged.

As an employee approved for mobile work, you agree and understand that being a mobile worker requires that you be able to devote 100% commitment to working during the regular work hours specified above, and that you will make arrangements to ensure that household duties, including child care, do not interfere with work time or are not conducted or performed during the normal work time.

#### **4. TELEPHONE/COMPUTER/NETWORK & EQUIPMENT ACCESS & USE**

As an employee approved to be a mobile worker, you agree and understand that you will be expected to be accessible by telephone and thus will maintain a telephone line that can be used for phone calls at your own expense. To the extent possible, personnel at GCSU's primary location will call you to minimize long distance expenses for you, but you agree and understand that there may be times when you will incur telephone charges in the performance of your duties and will do so at your own expense, without expectation of reimbursement. You further agree to have the phone line available to send and receive faxes as necessary. If your phone line cannot accept faxes, arrangements will be made to make any printer issued to you facsimile-compatible. In addition to a landline that can be used as outlined above, we may provide you with a personal digital assistant (PDA) that may also be used as a cellular phone and if pre-approved, the cost for this device and the associated service will be covered by the departmental budget.

As a GCSU employee, you will be issued the appropriate access in order to access the Information Technology network for work related assignments and responsibilities. Access to other systems will be authorized by your home department based on your specific job duties and responsibilities, and your department will coordinate with IT on such access as necessary.

Option 1: During the period of this mobile worker telecommuting agreement, the Department of will provide you with an institutional computer and printer for your use in carrying out the duties and responsibilities of your position. You are authorized to use this computer and the network access referenced above in accordance with all applicable institutional computer use and information technology policies. Failure to adhere to institutional computing and IT use policies may result in revocation of use privileges, revocation of this telecommuting agreement, and possibly termination of employment. You will be required as a condition of employment, to maintain internet access from your home office at your own expense.

The specific list of equipment provided to you for use under this agreement includes:

List of equipment and equipment loan agreement form which must be completed and approved for any equipment provided under this agreement prior to removal of state property from the regular work site.

It will be your responsibility to ensure the appropriateness and safety of the equipment at all times. The equipment must be protected against damage and unauthorized use. GCSU owned equipment will be serviced and maintained by the GCSU. Equipment provided by the employee will be at no cost to the GCSU, and will be maintained by the employee.

You agree not to use GCSU owned equipment for personal purposes.

Option 2: During the period of this mobile worker telecommuting agreement, you will be expected to provide your own internet accessible computer and printer to support your work activities. You will be required as a condition of employment to maintain internet access at your own expense.

## **5. WORK ASSIGNMENTS**

You will receive your work assignments by corresponding with your immediate supervisor on a daily basis at the beginning of the work day or as necessary during the day, and/or by picking up assignments at the location. Work assignments may also be communicated by phone or sent by e-mail. If there are any questions or concerns about your assignments, you are expected to inform your immediate supervisor of them at the time of receipt.

Once assignments have been completed, you may either send them via email or return them to the same location used for pick up unless otherwise specified by your immediate supervisor.

## **6. PHYSICAL HOME OFFICE SPACE, LIABILITY**

You agree to have a designated work area in your home. If there are any injuries while you are working, the workers' compensation coverage will be limited to occurrences in the designated work space (or during work-related travel). Also if such an injury were to occur, it will be investigated in accordance with the standard workers' compensation procedures promulgated by the Georgia Department of Administrative Services (DOAS).

If there is an illness or injury which is a result from the condition of this home office arrangement, GCSU is released from any possible liability.

GCSU will not be liable for damages to the employee's property that results from participation in the telecommuting program.

Since visitors and family members are not permitted in the work space, GCSU will not be responsible for visitors or family injured at the work site.

Under the terms of this agreement, you are responsible for setting up an appropriate work environment within your home. GCSU will not be responsible for any cost associated with the set-up of a home office. Upon your request, GCSU will consult with you on any modifications or requirements to operate GCSU owned equipment at the home office.

You will be required to provide us with a statement, by date, to confirm that you have met the reasonable standards to include health and safety requirements (including an ergonomically sound workstation) and promise to maintain it in the condition for the duration of the telecommuting period.

## **7. CURTAILMENT OF THE AGREEMENT:**

The employee's supervisor or unit head may terminate participation in this agreement at any time. Management also reserves the right to remove the employee from the program at any time. ***Upon reasonable notice of not less than seven (7) working days***, the employee will be expected to report for work at the primary departmental office location or other location as assigned by the supervisor.

The employee agrees to limit performance of officially assigned duties to the work location specified in paragraph 2. Failure to comply with this provision may result in termination of the Telecommuting Agreement and other appropriate disciplinary action.

We look forward to working with you on this telecommuting assignment and will appreciate any input from you during this process on how we may assist you and our office with ensuring that you are productive and able to meet job expectations under this agreement.

By signing this, you accept the terms and conditions of this agreement, as provided by the employer. You understand what is expected during the period of this telecommuting agreement. If there are any concerns regarding this arrangement, you will immediately alert \_\_\_\_\_, for clarification and resolution.

\_\_\_\_\_  
Employee (printed name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee (signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor (signature)

\_\_\_\_\_  
Date

**GCSU Policies**

During the period of this agreement, the employee agrees that he/she shall be covered by all GCSU policies and procedures surrounding employment. The dates shown in the duration section are not to be construed as a contract and do not guarantee continuation of employment during the period.



**Applicability of the Policy:**

This policy applies to all eligible employees.

**Contacts:**

**Work Life Task Force Members:**

|                       |                           |              |
|-----------------------|---------------------------|--------------|
| Diane Kirkwood        | Office of Human Resources | 478-445-0929 |
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