

Montana State Library Telework Policy

Policy: It is the policy of the Montana State Library (MSL) to allow employees to telework when there are opportunities for improved employee performance, reduced commuting miles, agency savings, and other business reasons

The agency is adopting this policy to:

- (A) Define specific criteria and procedures for telecommuting;
- (B) Ensure that it is applied consistently;
- (C) Require management, in exercising its discretion, to consider an employee's request to telework in relation to the agency's operating and customer needs.

Employees interested in telework are encouraged to review a copy of the Telework Program Guide to learn more about telework programs, including the kinds of duties that adapt well to telework and types of workers who are most productive as teleworkers.

Employees will be selected for telework based on job suitability, the likelihood of success as teleworkers, and the supervisor's ability and willingness to manage telework employees. Employees that have worked at MSL for a year will be considered for selection. To the extent possible, all employees eligible for teleworking on the basis of these criteria will be given equal opportunity to telework. However, equipment availability or other factors may limit the agency's ability to approve telework for multiple employees; in these cases, the agency is in no way obligated to expend funds to make telework possible for additional employees.

Products, documents, and records used or developed while teleworking shall remain the property of the agency, and are subject to agency policies regarding confidentiality and records retention requirements.

Employees will sign and abide by a telework agreement between the employee and the supervisor. A model agreement, an addendum to this policy, may require modification to fit individual tele-worksites circumstances.

- (A) Telework shall be voluntary. Unless otherwise provided in the agreement, either the agency or the employee may discontinue the arrangement at any time, generally giving one week's notice.
- (B) The agreement shall specify individual work schedules that are in compliance with FLSA regulations.

The teleworker's conditions of employment shall remain the same as for non-telework employees. Employee salary, benefits and employer-sponsored insurance coverage shall not change as a result of telework.

- (A) Business visits, meetings with agency customers, or regularly scheduled meetings with co-workers shall not be held at the home worksite unless approved by the supervisor.
- (B) Telework employees shall not act as primary care giver for dependents nor perform other personal business during hours agreed upon as work hours, unless the supervisor provides written approval.

The Department of Administration's policies and procedures will be followed in cases of computer equipment and software and modem connection to state computer systems.

Home worksite furniture and equipment shall normally be provided by the teleworker, although computer equipment, phones, software and other appropriate equipment may be

provided at the option of the agency. Tele-worksite office supplies shall be provided by the agency. All items provided by the agency for use at the tele-worksite, shall be only for the purposes of conducting agency business. The agency shall keep current at all times an inventory list of equipment and software placed at the employee's home.

The employee shall maintain a safe workspace. In the case of injury occurring during telework hours, the employee shall immediately report the injury to the supervisor. MSL reserves the right to inspect the home office space. The employee shall provide MSL with the completed safety and security checklist.

Teleworkers are advised to contact their insurance agent and a tax consultant for information regarding home worksites.

Definitions:

- (1) Central worksite means the traditional office or work place.
- (2) Tele-worksite means a worksite alternate to the central worksite. It may be in the employee's home or in a building owned or leased by the state that is closer to the employee's home than the central worksite.
- (3) Telework means a flexible work arrangement where selected employees work one or more days a week from their home or at a site near the home instead of physically traveling to a central workplace.

MODEL TELEWORK AGREEMENT

TELE-WORKSITE

Employee Name: _____ Formatted

Home (Specify location in home): _____ Formatted

Other Location (Specify): _____ Formatted

Address: _____ Formatted

Phone: (____) _____ Formatted

CENTRAL WORKSITE

Will there be any sharing of or changes in work space when telework begins? Yes No

If yes, specify:

_____ Formatted

SCHEDULE

Fixed: Telework days and hours are scheduled and will not be substituted without advance approval of the manager.

Telework days: Mon. Tue. Wed. Thur. Fri. Sat. Sun.

Telework time: Start: _____ Finish: _____ Total daily hours _____

Lunch _____ to _____

Flexible Schedule

Hours of Work Permitted: _____

Use of sick leave, vacation, other time off, or other leave credits must be approved in advance by the supervisor. Overtime to be worked must be approved in advance by the supervisor.

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TASKS

Tasks for telework days:

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EQUIPMENT

The agency is not responsible for any private property used, lost, or damaged. The state may pursue recovery from the employee for property that is deliberately or negligently damaged or destroyed while in the employee's care, custody, or control. The agency is responsible for the deductible on state property unless otherwise specified in this agreement under OTHER ARRANGEMENTS. Employees are advised to contact their insurance agent and a tax consultant for information regarding home worksites. In the event of equipment failure, the employee may be assigned to another project and/or work location. The

employee shall surrender all state-owned equipment, software, and data documents immediately upon request.

EXPENSES

The agency will pay for the following expenses:

Charges for business related telephone calls. Yes No

Maintenance and repairs to state-owned equipment. Yes No

Other:

Claims will be submitted with receipt, bill, or other verification of the expense.

The agency will not pay for the following expenses:

- Maintenance or repairs of privately owned equipment.
- Utility costs associated with the use of the computer or occupation of the home.
- Liability insurance to cover the use of space in the home for work.
- Supplies (these should be requisitioned through the main office.)
- Travel expenses associated with commuting to the central office.

COMMUNICATION

Will the following be utilized:

Call forwarding? Yes No

Answering machine or voice mail? Yes No

Receptionist or co-workers take calls? Yes No

How will incoming calls to the central worksite be answered on telework days? _____

The employee agrees to call the office to obtain messages at least _____ times a day.

Call in times: _____

The employee will promptly notify the supervisor when unable to perform work assignments due to equipment failure or other unforeseen circumstances.

Other procedures:

ARRANGEMENTS

Date telework to begin: _____

Intervals for telework agreement review: _____

The employee and supervisor plan to participate in telework training? Yes No

TERMINATION

Unless specified in OTHER ARRANGEMENTS, the agency and/or employee may discontinue this arrangement at anytime generally giving one week's notice.

OTHER ARRANGEMENTS

Additional conditions agreed upon by the employee and supervisor:

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I have read and understand both the telework policy of my organization and this agreement and agree to abide by and operate in accordance with their terms and conditions. I agree that the sole purpose of this agreement is to regulate telework and that it neither constitutes an employment contract nor an amendment to any existing contract.

Employee

Supervisor

Date

**SAMPLE SUPERVISOR'S CHECKLIST
FOR TELEWORKERS**

Name of Teleworker _____

Name of Supervisor _____

Date Completed _____

- Employee has read the orientation documents and the telework policy.
- Employee has been provided with a schedule of core hours or guidelines for flexing work hours.
- Equipment issued by the agency is documented.
- Performance expectations have been discussed and are clearly understood. Assignments and due dates are documented.
- Requirements for adequate and safe office space at home have been reviewed with the employee, and the employee certifies that those requirements have been met.
- Requirements for care of equipment assigned to the employee have been discussed and are clearly understood.
- The employee is familiar with this agency's requirements and techniques for computer information security.
- Phone contact procedures have been clearly defined.
- The employee has read and signed the Telework Agreement prior to actual participation in the program.
- Other:

MONTHLY TELEWORK FEEDBACK FORM

Name _____

Date_____

Telework From: (Check one) Home Office ___ Remote Office ___ Annex Office___

Reason for Telework:

What is working well?

Concerns: (check all that apply)

- Communications with Manager
- Communication/Networking with peers
- Being adequately prepared for the work you do at home (e.g. having the right files and information, etc.)
- Your own ability to work independently and to set and meet deadlines
- Information Services (IS) Support
- Ergonomics/Safety
- Schedule
- Policies
- Equipment
- Other:

Give details on any concerns listed above:

To enhance this experience, my suggestions would be

Additional Comments:

**COMPUTER EQUIPMENT PLACED
IN AN EMPLOYEE'S HOME**

Date: _____

Employee's Name: _____

Address: _____

Computer Uses:

Date to Begin: _____ Ending: _____

Terms: _____

Equipment: _____

SAMPLE HARDWARE/SOFTWARE INVENTORY LIST

Employee's Name: _____ Date: _____
 Employee's Division/Agency: _____

Agency Provided Hardware

Hardware	Type	Serial #	Program	Version
PC				
Monitor				
Surge Protector				
Printer				
Other				
Other				
Other				

Agency Provided Software

Type	Serial #	Program	Version

Employee Provided Hardware and Software

Employee Signature: _____ Date: _____
 IT Signature: _____ Date: _____

SAFETY AND SECURITY CHECKLIST

YES NO

Security

- Are work materials and equipment in a secure place that can be protected from theft, damage or misuse?
- Are the security requirements in place to protect confidentiality and security of state information and computer systems?

Electrical

- Are all machines properly grounded?
- Are portable hand tools grounded or double insulated?
- Are junction boxes closed?
- Is all electrical equipment in good working condition?
- Are all phone lines, electrical, and other cords kept out of the way?
- Is there evidence of fraying on any electrical cords?
- Is adequate amperage provided to the home and the work site?
- Are all circuit breakers and fuses in the electrical panel labeled for intended service?
- Are circuit breakers labeled clearly for open and closed positions?
- Is the computer equipment connected to a surge protector?

Fire Protection

- Is a fire extinguisher readily available?
- Is it fully charged and operable?
- Are there smoke detectors in the work site?
- Is there a smoke detector within hearing distance of the workspace?
- Are the batteries or other power supplies of the smoke detectors checked regularly?

Liability

- Does the homeowner or renters' insurance cover business use in the home?

Housekeeping

- Is the work area clean and orderly?
- Are aisles and doorways free of obstructions?
- Are all spilled materials or liquids cleaned up immediately?
- Is combustible scrap, debris, and waste stored safely and removed from the worksite promptly?
- Are the file cabinets arranged so drawers do not open into walkways?
- Are carpets well secured to the floor, and free of frayed or worn seams?

Means of Exit

- Are there enough exits to allow prompt escape?
- Do employees have easy access to exits?

Materials Handling and Storage

- Is adequate clearance allowed in aisles where materials must be moved?
- Are tiered materials stacked, interlocked, locked, and limited in height to maintain stability?
- Are storage areas kept free of tripping, fire, explosion, and pest hazards?

Employee Signature: _____ **Date:** _____