

City of Roswell Policy for Flexible Work Arrangements

Section I – Overview and Statement of Policy

The City of Roswell supports flexible work arrangements and allows Departments to implement these arrangements, where appropriate, for eligible employees.

Flexible work arrangements may be implemented when they benefit the City of Roswell in one or more of the following ways.

- **City of Roswell Citizens** -To provide Citizens with an even higher level of service with no delays at the beginning of the business day and continue this level of service until the close of the day.
- **City of Roswell as an Employer** – To improve absenteeism, recruitment and retention of high quality employees, to decrease employee vacancy rates and to provide a no-cost enhancement to the City’s work environment
- **City of Roswell Employees** – To improve job satisfaction, employee morale, effectiveness and productivity; promotes employee health, wellness and reduces absenteeism. Reduce employee’s time of commute, cost of fuel and vehicle maintenance.
- **Sustainability** – To position the City as a leader for solutions to reduce traffic congestion and improve air quality and will maximize the utilization of City facilities and resources.

The City of Roswell Municipal Offices will be open from 8:00 a.m. until 5:00 p.m. Monday through Friday unless otherwise determined by the City Administrator. Flexible work arrangements shall not result in delayed open or early closing of any offices.

Flexible work arrangements shall not diminish the ability of the City to assign responsibility and accountability to individual employees for the provision of services and performance of their duties.

No new positions are to be created as a result of flexible workplace arrangements. Flexible work arrangements shall not result in automatic overtime or compensatory time.

Section II - Work Schedules

The City of Roswell utilizes five types of work schedules. An employee’s work schedule is considered a “fixed schedule” in which the employee consistently works the same schedule. However, employees may be called upon to temporarily work a different schedule in order to accommodate the needs of the City.

Combinations of types of work schedules may be considered, however the employee must be consistent in the schedule or combination of schedules worked. With the exception of telecommuting, work is conducted at the employee’s assigned work place.

A. Standard Work Schedule

Employees work 40-hours in the standard five (5) 8- hour days with work being performed between 8:00 a.m. and 5:00 p.m., five days a week, Monday through Friday.

B. Shifts

Shift work is defined as regular work time performed outside of regular business hours. Employees work shifts based on the needs of the Department. The start and end times, scheduled work days, and length of shifts are determined by the Department. Shifts can vary daily or weekly. Examples of shift work are rotating shifts, evening shifts, night shifts, split shifts and irregular schedules.

C. Flex-Time

Employees work 40 hours in five (5) days, normally with weekends off but with flexible starting and ending times other than the standard work day.

D. Compressed Work Week

Employees work 40-hours in less than five (5) full work days. Examples of Compressed Work Weeks are:

- (4) 10-hour days
- (4) 9-hour days and (1) 4-hour day

E. Telecommuting

Employees regularly work one or more days each week from an alternate location (normally their home) instead of commuting to their regular workplace. The occasional practice of working at home is not considered telecommuting.

Section III - Eligibility

A flexible work arrangement is a management option and by their nature, certain positions are not suited for flexible work arrangements. Participation is not appropriate for all employees and no employee is entitled to, or guaranteed the opportunity to have a flexible work arrangement. Flexible work arrangements are not a benefit.

Flexible work arrangements are determined at the department level to provide adequate staffing for the functions performed by the department. The Department Head is responsible for ensuring that schedules are established in such a way as to fulfill all the purposes of this policy. The Department Head shall determine the supervisory requirements of an employee with flexible work arrangements.

Full time employees, with the exception of Department Heads, may apply for a flexible work arrangement. Consideration is based on a combination of job characteristics and contingent on satisfactory employee performance.

Section IV - Leave Time

There is no change in how any type of paid time off (PTO), sick leave or other type of leave is earned, paid or used. When an employee uses PTO or sick leave for all or part of the work day, the number of hours away from the work place shall be the number of hours charged to the employee.

Paid leave such as holidays, bereavement leave, and jury duty are paid as eight (8) hours per day. Accrued and earned leave (PTO and sick leave) are paid in one (1) hour increments.

Stipulations and examples pertaining to specific types of flexible work arrangements are found in Section VII – Stipulations.

Section V - Duration of Flexible Work Arrangement

The maximum length of time for a flexible work agreement is twelve (12) months. At the end of this period, the employee may request renewal by submitting an updated request.

After an employee begins a flexible work arrangement, periodic reviews are to be conducted by the employee's supervisor to evaluate the success of the arrangement. These reviews are to be conducted at 90-day intervals during the first year of the arrangement. If an agreement is renewed, the periodic reviews are to be continued at 6-month intervals.

Should a conflict arise between two or more employees concerning a flexible work arrangement, the employee's supervisor shall have authority to resolve the matter.

Section VI - Approval for Flexible Work Arrangement

Employees may request a flexible work arrangement by submitting a Request for Flexible Work Arrangement (see Attachment A) to their supervisor detailing the type of schedule requested and the reason for the request.

All flexible work arrangements must be approved by the employee's supervisor, Department Head and the City Administrator prior to implementation. Departments may establish specific protocol for additional approvals.

In positions where a flexible work arrangement is permitted, requests from employees for any change will be considered on the basis of the standards and the workload of the City. Requests can be for a permanent or temporary change.

Any changes to the agreement must follow the protocol established by the Department and must be approved by the employee's supervisor, Department Head and the City Administrator.

If an employee's job duties are not compatible with a flexible work arrangement, the employee's supervisor or Department Head may decline the request.

If a request is not approved, the employee is to be notified following departmental protocol. If an employee desires to contest the denial of a request, the process contained in the Human Resources Policies and Procedures Manual Chapter XIII – Grievances and Complaints shall apply.

Section VII – Stipulations

A. Flex-Time

Employees work 40 hours in five (5) days, normally with weekends off but with flexible starting and ending times other than the standard work day. Starting times are generally not to begin before 6:30 a.m. and ending times are generally not to end after 7:00 p.m.

B. Compressed Work Week

Employees work 40-hours in less than five (5) full work days. Examples of Compressed Work Weeks are:

- (4) 10 hour days
- (4) 9 hour days and (1) 4 hour day

Vacation and sick time will be charged based on an hour for hour basis. Example: An employee is scheduled to work 10 hours on a day that he or she requests to take as a vacation or sick day, therefore 10 hours will be charged against accumulated vacation or sick time for that day.

Employees who use leave such as bereavement leave or jury duty, receive the equivalent number of hours as provided for employees on a regular schedule (8-hours per day). Example: An employee is scheduled to work

10-hour days and takes three days of bereavement leave. The employee will receive 24 hours of bereavement leave (3 days X 8 hours) and not 30 hours (3 days X 10 hours).

Departments will determine specific procedures for weeks in which a holiday occurs. These procedures must be approved by the City Administrator.

C. Telecommuting

To be eligible to telecommute, typically, the nature of the employee's work must be such that face-to-face interaction with internal or external customers or project workgroups is minimal and the employee's tasks can be performed successfully away from the office.

Departments will determine the procedures to use for employees to account for work performed while telecommuting. These procedures must be approved by the City Administrator.

Please refer to Attachment B – Special Stipulations Concerning Telecommuting.

Attachment A Request for Flexible Work Arrangement

| | |
|---------------------|--|
| Name of Employee: | |
| Department: | |
| Title/Position: | |
| Name of Supervisor: | |
| Type Requested: | |
| Reason for Request: | |

Note: Employees requesting to telecommute must also complete Attachments C-E and Supervisors must complete Attachments F – G.

| Proposed Work Schedule | | |
|------------------------|-------|----------|
| Week 1 | Hours | Location |
| Monday | | |
| Tuesday | | |
| Wednesday | | |
| Thursday | | |
| Friday | | |
| Saturday | | |
| Sunday | | |

| Week 2 | Hours | Location |
|-----------|-------|----------|
| Monday | | |
| Tuesday | | |
| Wednesday | | |
| Thursday | | |
| Friday | | |
| Saturday | | |
| Sunday | | |

By signature below, I attest that I have read and understand the policy and procedures concerning flexible work arrangements and will adhere to the above schedule.

Employee's Signature/ Date

Approve _____ Disapprove _____

Supervisor Signature/Date

Approve _____ Disapprove _____

Department Head Signature/Date

Approve _____ Disapprove _____

City Administrator Signature/Date

Comments/Explanation if Disapproved _____

Attachment B

Special Stipulations Concerning Telecommuting

1. Expectations and Responsibilities of Employees

The employee is responsible for maintaining a safe and ergonomic working environment, including the work area, bathroom, and other areas that may be necessary for working during the telecommuting arrangement

Employees may be called to work at their regular workplace on their regular telecommuting workday to meet workload requirements. The supervisor should provide as much advanced notice as possible. Under no circumstances will the time traveling from the employee's home to the workplace be considered as hours worked.

The duties, obligations and responsibilities of an employee who telecommutes are the same as employees at the centrally located workplace. Employees who telecommute are expected to be working at their home, or other approved location, during their telecommuting work schedule.

Telecommuting employees shall not hold meetings at their alternate workplace where the physical presence of others is required. Employees shall not conduct any unauthorized external (non-city) work during their telecommuting work schedule.

The employee shall participate in any city-sponsored telecommuting and/or technology training as requested by the employee's supervisor. The employee shall participate in any city evaluation of telecommuting

Telecommuting shall not be used as a substitute for dependent or child care. Employees who telecommute are expected to make dependent and child care arrangements during the period they will be telecommuting.

2. Liability

Employees who telecommute will be covered by worker's compensation for all job-related injuries occurring during their defined work period.

In the event of a job-related incident, accident or injury during telecommuting hours, the employee shall report the incident to their supervisor as soon as possible and follow established procedures to report and investigate workplace incidents, accidents or injuries.

Worker's compensation will not apply to non-job-related injuries that occur while telecommuting. The employee also remains responsible for injuries to third parties and/or members of the employee's family on the employee's premises. The City of Roswell will not be responsible for injuries to third parties or members of the employee's family that occur on the employee's premises.

Since the City is ultimately responsible for ensuring that employees have a safe work environment, safety inspections may be made of the alternate workplace as needed. If a job-related incident, accident or injury has occurred, a home safety inspection is mandatory.

3. Equipment and Supplies

Computer and telephone equipment may be provided on an as-needed basis to employees, by the City, based on availability. Information Technology (IT) staff shall determine the equipment required.

The City may pay for or reimburse employees for software installed on City equipment if approved in advance by the employee's supervisor and Department Head and IT staff. In such cases the employee shall consult with IT staff to ensure the software conforms to the City's software policies

Remote access to the City's network may be provided to the employee at the discretion of the IT staff based on the recommendation of the employee's supervisor and Department Head. If the City's remote access system includes Internet access or other dial-in services, the employee may only use this access or service in a manner consistent with City policies.

The City will provide routine maintenance and repairs for City equipment only if the equipment is returned to the employee's centrally located workplace. Maintenance and repair of equipment will not be provided at the employee's home or alternate workplace. The City will not provide maintenance or repairs for employee owned equipment.

The City will not pay for or reimburse the employee for any communications charges including but not limited to, local or long distance telephone calls or service, internet access or service, DSL charges, cell phone charges, etc.

Employees who telecommute may use City supplied office supplies such as pens, pencils, stationary, envelopes, etc. for work purposes. Necessary supplies should be obtained through the normal procurement process. Office furniture, toner, ink or paper for printers or copiers will not be provided to employees who telecommute.

Employees who telecommute are subject to the same city policies regarding the use of City provided equipment, supplies and services as that of employees at the centrally located workplace.

All equipment and supplies must be returned to the City upon conclusion of the telecommuting arrangement, or if the equipment or supplies are no longer needed by the employee to perform their work.

4. Confidential Information

The employee will maintain the confidentiality of City information and documents and prevent unauthorized access to any City system or information, and dispose of work related documents in a manner that will not jeopardize the interests of the City.

5. Requirements for Requesting and Approval of Telecommuting

Employees may request to telecommute by:

- Completing the Request for Flexible Work Arrangement (Attachment A)
- Agreeing to the Special Stipulations Concerning Telecommuting (Attachment B)
- Completing an Employee Self Assessment (Attachment C)
- Completing the Safety Checklist (Attachment D)
- Completing the Telecommuting Agreement (Attachment E)
- Submitting the request to their Supervisor.

The employee's Supervisors must:

- Complete the Supervisor Assessment (Attachment F)
- Discuss the Employee Self Assessment with the employee (Attachment C) to evaluate if telecommuting is a viable option for the employee.
- Discuss the Supervisor's Assessment (Attachment F) with the employee.
- Document any exceptions the supervisor has concerning the Employee Self Assessment and attach to the Supervisor's Assessment.
- Submit the request and Attachments A-G following the approval protocol established by the Department.

Attachment C

Employee Self Assessment

Consideration of telecommuting as a feasible work option is based on a combination of job characteristics and contingent satisfactory employee performance. Certain jobs contain duties that are suitable for telecommuting and other jobs do not.

Telecommuting can be successful for employees who have particular traits and a job suitable for telecommuting. Please answer each question and indicate your response in the appropriate column. When complete, please sign and date the assessment. Your self-assessment will help you decide if telecommute may be right for you.

| SELF ASSESSMENT | | | |
|------------------------|--|------------|-----------|
| | | YES | NO |
| 1 | Are you self-motivated, self-disciplined and able to work independently? | | |
| 2 | Can you complete projects on time with minimal supervision and feedback? | | |
| 3 | Are you productive when no one is checking on you or watching you work? | | |
| 4 | Do you have strong organizational skills? | | |
| 5 | Do you manage your time and workload well? | | |
| 6 | Will you remain focused on your work while at home and not distracted by television, housework or visiting neighbors? | | |
| 7 | Do you solve many of your own problems? | | |
| 8 | Do you find satisfaction in completing tasks on your own? | | |
| 9 | Are you comfortable setting priorities and deadlines? | | |
| 10 | Are you comfortable working alone and can you adjust to the missed social interaction of the office on your telecommute days? | | |
| 11 | Are you disciplined enough to apply yourself continuously to your job without interruption or distraction? | | |
| 12 | Do you have the self-control to work neither too much nor too little? | | |
| 13 | Can you set a productive pace while working at home? | | |
| 14 | Are you knowledgeable of the City's and your Department's policies and procedures? | | |
| 15 | Do you have well-established work, communications and social patterns at the office? | | |
| 16 | Have you considered if your co-workers would have additional work because you work at home? | | |
| 17 | Have you determined how to provide support to co-workers when working at home? | | |
| 18 | Do you have an effective working relationship with your co-workers? | | |
| 19 | Are you adaptable to changing routines and environments? | | |
| 20 | Are you willing to come into the office on a regularly scheduled telecommuting day if you are needed? | | |
| 21 | Have you considered any problems or developmental needs evident in your last performance evaluation that might affect your telecommuting experience? | | |
| 22 | Are you successful in your current position, do you know your job well? | | |

| | | | |
|-----------------|--|--|--|
| 23 | Do you have an appropriate home work environment? | | |
| 24 | Do household members understand you will be working at home and will not disturb you? | | |
| 25 | Have you made arrangements for dependent or child care? | | |
| YOUR JOB | | | |
| 27 | Can your job responsibilities be arranged so there is no significant difference in the level of service provided to the customer? | | |
| 28 | Does your job have minimal requirements for direct supervision or contact with the customer? | | |
| 29 | Does your job have low face-to-face requirements with others? | | |
| 30 | Can most of your communication be handled by telephone or email? | | |
| 31 | Are there minimal requirements for specialized equipment? | | |
| 32 | Is your job one where the work flow can be controlled and scheduled? | | |
| 33 | Do any of these terms apply to your job or the work that you will be doing when you telecommute? Analysis, calculating, data entry, dictating, drafting, editing, evaluating, record keeping, research, telephoning, work processing, writing. | | |
| 34 | Can you job be performed with files, references and guides which are, or can be stored electronically? If not, can these resources be taken home without impacting co-workers or customers? | | |

If you answered “Yes” to all of the above questions, you may be the type of person and may have the right type of job for telecommuting to be a success. If you answered “No” to any of these questions, you should seriously reconsider if telecommuting is right for you. Answering “Yes” does not guarantee your telecommuting request will be approved.

Employee’s Signature

Date

Attachment D
Safety Checklist

The following checklist is designed to assess the overall safety of your alternate work place. Please answer each question and indicate your response in the appropriate column. When complete, please sign and date the checklist.

| SELF CERTIFICATION SAFETY CHECKLIST | | | |
|--|---|------------|-----------|
| ELECTRICAL | | YES | NO |
| 1 | Will the building's electrical system permit the grounding of electrical equipment? | | |
| 2 | Are all circuit breakers and/or fuses to current codes including the electrical panel labeled as to intended service, and with circuit breakers that clearly indicate if they are in the open or closed position? | | |
| 3 | Are there are an adequate number of electrical outlets to support equipment in the alternate work place? Are the electrical outlets in the work area permanent in nature, and properly grounded? | | |
| 4 | Are all electrical equipment, cords and lines 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)? | | |
| 5 | Are the phone lines, electrical cords and extension wires secured under a desk or along the baseboard? | | |
| 6 | Do you have surge protectors or computers and any other equipment to protect against damage from power surges? | | |
| 7 | Are all of the electrical equipment and tools properly maintained and free from any known defects or hazards? | | |
| 8 | Is there sufficient ventilation in space for all electrical components including your computer and monitor? | | |
| ENVIRONMENT | | YES | NO |
| 1 | Is the work area uncluttered and free of tripping hazards including floor surfaces that are clean, dry, level, well secured, and free of any worn or damaged coverings (tiles, wood, linoleum, carpets, rugs, etc.)? | | |
| 2 | Is all office equipment adequately supported and free from the danger of falling? | | |
| 3 | Are any potentially hazardous chemicals stored properly and not in or around the work area? | | |
| 4 | Are the temperature, noise, ventilation, and lighting levels adequate for maintaining your normal level of job performance? | | |
| 5 | Are stairs with four or more steps equipped with handrails and any floor coverings on the steps secured properly? | | |
| 6 | Is your environment conducive to work (i.e. no loud neighbors, barking dogs, outside noises which could be distracting)? | | |
| FIRE PROTECTION | | YES | NO |
| 1 | Was the smoke detector tested at the time of installation and do you perform monthly tests as directed by the equipment manufacturer along with changing the batteries at least every six months? | | |

| | | | |
|-----------------------------|--|------------|-----------|
| 2 | Do you have clear access to a fire extinguisher that is up to date and will you maintain the scheduled service? | | |
| EMERGENCY PROCEDURES | | YES | NO |
| 1 | Do you have a pre-established evacuation plan for emergencies such as fire, flood or severe weather? | | |
| 2 | Is there more than one way out of the work area (i.e. doors and/or windows)? | | |
| 3 | Do you have adequate first aid supplies are on hand and located in the work area? | | |
| ALTERNATE WORK PLACE | | YES | NO |
| 1 | Do you have a desk or work station that is suitable to perform you job duties? | | |
| 2 | Are file cabinets and storage closets arranged so drawers and doors do not open causing a safety issue? | | |
| 3 | Can the height of the chair be adjusted to allow you to sit in a neutral position? | | |
| 4 | Does your chair have all casters or wheels firmly secured and if applicable, are the rungs and legs of the chair sturdy? | | |
| 5 | Is your back adequately supported by a backrest? Is the backrest of your chair supporting the curve of your lower back so that your spine is slightly arched? | | |
| 6 | Are your feet comfortably flat on the floor or a footrest? If a footrest is used, does it allow you to sit in a correct, neutral position at your workstation? | | |
| 7 | When seated is there adequate support and clearance for your upper legs? | | |
| 8 | Is there approximately the size of a fist between the edge of the front of the seat of your chair and the back of your knees? | | |
| 9 | Are your forearms and wrists parallel to the floor and upper arms resting at your sides when positioned at the keyboard or work surface? Are your wrists in a straight and neutral position? | | |
| 10 | Is there space to rest your arms when not using the keyboard and mouse (if applicable)? | | |
| 11 | Is the telephone placed within proper reach on the side opposite your writing hand? | | |
| 12 | Are frequently used materials and equipment positioned so harmful postures and motions are eliminated? | | |
| 13 | Are your most frequent reaches below shoulder height and/or above knee height? | | |
| 14 | If a document holder is used, is it placed at the same visible plan as the screen face to reduce back and forth neck motion? | | |
| COMPUTER WORKSTATION | | YES | NO |
| 1 | Is the top of the viewing screen at a comfortable height (i.e. no tilting of your head back or downward)? | | |
| 2 | Is the screen at a comfortable distance from your eyes when in use (i.e. you do not have to lean forward or backward to see the print on the screen)? | | |
| 3 | Does your head and neck rest in a neutral position (i.e. facing forward, chin slightly down, shoulders relaxed)? | | |
| 4 | Is your screen positioned to prevent glare including light from windows or do you have proper glare apparatus for the screen? | | |
| 5 | If your screen is located near a window, are there adjustable window treatments on the windows, and do the window treatments properly used to minimize glare? | | |

| | | | |
|---|---|--|--|
| 6 | Are there any fluorescent lights directly overhead or behind your monitor contributing to glare? | | |
| 7 | Is your computer monitor cleaned frequently to eliminate smudges and dust covering and adjusted for good image contrast and brightness? | | |
| 8 | Is the computer monitor adjusted for good image contrast and brightness? | | |

By signature below, I certify that my alternate work area meets all of the above requirements. I understand that since the City is ultimately responsible for ensuring that employees have a safe work environment, safety inspections may be made of a my alternate work place as needed and I authorize the City of Roswell to perform safety inspections at any time.

Employee's Signature

Date

**Attachment E
Telecommuting Agreement**

| TELECOMMUTING AGREEMENT | |
|--|--|
| Employee Name | |
| Department | |
| Title | |
| Name of Immediate Supervisor | |
| Main Workplace | |
| Alternative Workplace | |
| Date Proposed to Begin Telecommuting | |
| Please explain why this proposal will benefit both you and the City of Roswell. | |
| | |
| Please indicate specific types of assignments or work that you propose to accomplish while telecommuting. | |
| | |
| Please list the type of equipment that you will need in order to telecommute (i.e. computer, monitor, and telephone). | |
| | |

I feel that I am a good candidate to telecommute and my job duties are suitable for telecommuting. By signing this agreement, I attest that I have read, understood and agree to comply with the City of Roswell policy concerning Flexible Workplace Arrangements and all special stipulations concerning telecommuting. I agree that if this agreement is approved, that I will adhere to the terms and conditions of this agreement.

Employee's Signature

Date

Attachment F

Supervisor's Assessment

When an employee submits a Request for Flexible Work Arrangement indicating the desire to telecommute, the supervisor is to complete the following and discuss with the employee.

| SUPERVISOR ASSESSMENT | |
|-------------------------------------|--|
| Employee Name | |
| Department | |
| Title | |
| Name of Immediate Supervisor | |
| Date of Request | |

| | | YES | NO |
|----|---|-----|----|
| 1 | Is the employee self-motivated, self-disciplined and able to work independently? | | |
| 2 | Can the employee complete projects on time with minimal supervision and feedback? | | |
| 3 | Is the employee productive when no one is checking on them or watching their work? | | |
| 4 | Does the employee have strong organizational skills? | | |
| 5 | Does the employee manage their time and workload well? | | |
| 6 | In your opinion, can the employee remain focused on their work while at home and not distracted by television, housework or visiting neighbors? | | |
| 7 | Does the employee solve many of their own problems? | | |
| 8 | Does the employee find satisfaction in completing tasks on their own? | | |
| 9 | Is the employee comfortable setting priorities and deadlines? | | |
| 10 | Does the employee seem to be comfortable working alone and has the ability to adjust to the missed social interaction of the office on days they would telecommute? | | |
| 11 | Is the employee disciplined enough to apply themselves continuously to their job without interruption or distraction? | | |
| 12 | Does the employee seem to the self-control to work neither too much nor too little? | | |
| 13 | Can the employee set a productive pace while working at an alternate location? | | |
| 14 | Is the employee knowledgeable of the City's and the Department's policies and procedures? | | |
| 15 | Does the employee have well-established work, communications and social patterns at the office? | | |
| 16 | If the employee telecommutes, will there be a negligible impact on the workload of their co-workers? | | |

| | | | |
|---------------------------|--|--|--|
| 17 | Is it possible for the employee to provide support to co-workers when the employee is telecommuting? | | |
| 18 | Does the employee have an effective working relationship with their co-workers? | | |
| 19 | Is the employee able to adapt well to changing routines and environments? | | |
| 20 | Does the employee seem willing to come into the office on a regularly scheduled telecommuting day if they are needed? | | |
| 21 | Has there been satisfactory improvement concerning any problems or developmental needs evident in the employee's last performance evaluation that might affect their telecommuting experience? | | |
| 22 | Do you consider the employee to be successful in their current position and do they know their job well? | | |
| THE EMPLOYEE'S JOB | | | |
| 27 | Can the job responsibilities be arranged so there is no significant difference in the level of service provided to the customer? | | |
| 28 | Does the job have minimal requirements for direct supervision or contact with the customer? | | |
| 29 | Does the job have low face-to-face requirements with others? | | |
| 30 | Can most of the communication be handled by telephone or email? | | |
| 31 | Are there minimal requirements for specialized equipment? | | |
| 32 | Is the job one where the work flow can be controlled and scheduled? | | |
| 33 | Do any of these terms apply to the job or the work that will be done when the employee telecommutes? Analysis, calculating, data entry, dictating, drafting, editing, evaluating, record keeping, research, telephoning, work processing, writing. | | |
| 34 | Can the job be performed with files, references and guides which are, or can be stored electronically? If not, can these resources be taken home without impacting co-workers or customers? | | |

By signing below I attest that I have discussed the employee's self assessment and the supervisor's assessment with the employee. Any areas of disagreement or concern have been noted and documented and are attached.

Supervisor's Signature

Date

**Attachment G
Telecommuting Agreement Approvals**

To be completed with copy returned to the employee and to Human Resources

| | | |
|---|----------------|-------------------|
| THE FOLLOWING IS TO BE COMPLETED BY SUPERVISOR | | |
| Action of Supervisor | Approve | Disapprove |
| Comments of Supervisor and Explanation if Disapproved: | | |

Supervisor Signature **Date**

| | | |
|--|----------------|-------------------|
| THE FOLLOWING IS TO BE COMPLETED BY DEPARTMENT HEAD | | |
| Action of Department Head | Approve | Disapprove |
| Comments of Department Head and Explanation if Disapproved: | | |

Department Head Signature **Date**

| | | |
|---|----------------|-------------------|
| THE FOLLOWING IS TO BE COMPLETED BY CITY ADMINISTRATOR | | |
| Action of City Administrator | Approve | Disapprove |
| Comments of City Administrator and Explanation if Disapproved: | | |

City Administrator's Signature **Date**