# EXECUTIVE BRANCH STATEWIDE POLICY SECTION 7: TELECOMMUTING

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#### 7A. STATEMENT OF PURPOSE

The purpose of this policy is to provide the structure needed for effective implementation and operation of telecommuting. Telecommuting refers to paid employment performed away from the principal office at an alternate work location for all or part of the work week. Telecommuting can attract employees in hard to fill, hard to retain positions; target new labor markets; or reduce work commutes.

Out-of-state telecommuting options must be preapproved by the Division of Human Resource (DHR) Administrator, the Division of Financial Management (DFM) Administrator and the State of Idaho Controller's Office (SCO). Out-of-country requests will not be approved.

Telecommuting training is required prior to an employee beginning to telecommute. See 7E.

#### **7B. DEFINITIONS**

- 1. **Alternate Work Location**: An approved worksite other than the employee's central workplace where official state business is performed, including an employee's residence.
- 2. **Central Workplace**: An agency's place of work where employees normally perform their official state duties.
- 3. **Telecommuter**: An employee who regularly works away from his or her central workplace, either at home or at another agency approved remote work location within the State of Idaho, for at least a portion of their work hours.
- 4. **Telecommuting:** A regular work practice that involves employees of an

agency substituting a portion of their typical work hours (ranging from a few hours per week to full-time) to work away from the central workplace, either at home or at another agency approved location within the State of Idaho, using technology to interact with others as needed to perform work tasks.

- 5. **Telecommuting Application**: A form adopted by the agency for employees to use to request a telecommuting work schedule. The application must be consistent with this statewide policy.
- 6. **Telecommuting Agreement**: The written agreement between the agency and employee that details the terms and conditions of an employee's work and other work productivity while away from his or her central workplace. Telecommuting agreements are required for telecommuting.
- 7. **Work Schedule**: The employee's hours of work in the central workplace and/or an alternate work location within the State of Idaho.

# 7C. GENERAL REQUIREMENTS

#### 1. General Provisions

- a) All State of Idaho employees are expected to work within the State of Idaho. If an agency has a need for an employee(s) to work outside of the State of Idaho, the agency must first have approval from DHR, DFM and SCO before hiring or allowing an existing employee to regularly perform their assigned duties from an out-of-state location.
- b) Although allowing flexibility in the workplace, this policy requires accountability to ensure all work is being completed in an efficient and measurable manner. This policy provides guidelines for agency, supervisor, and employee responsibilities.
- c) Telecommuting is not an employee right; its use rests at the discretion of the appointing authority or designee, based on approval of agency policy by the DHR Administrator, and can be terminated any time without notice.
- d) An agency may suspend or terminate a telecommuting agreement at any time based on, but not limited to, declining performance, violation of telecommuting policy and agreement, or for organizational benefit. Reasonable notice to the employee is recommended, if feasible. An employee may terminate the telecommuting agreement at any time unless telecommuting work is a condition of employment.

#### 2. Eligibility Consideration

- a) All State Agency telecommuting policies must be consistent with the guidance and instructions in this Statewide Telecommuting Policy. An agency's policy and application must define the job-related criteria, procedures for telecommuting, and employee performance requirements for consideration of telecommuting.
- b) Employees participating in telecommuting must meet the Telecommuting Eligibility Criteria and must obtain supervisor and agency director approvals prior to telecommuting.
- c) Telecommuting may not be suitable for all employees and/or positions; therefore, agencies should implement telecommuting based on specific criteria consistently applied throughout the agency. It is the agency's option to allow an employee to telecommute.
- d) DHR recommends employees have a current performance evaluation on file with a rating of Achieves or higher. Any employee with a Does Not Achieve performance rating is not eligible for telecommuting. It is recommended that supervisors review employee telecommuting agreements annually in conjunction with their annual evaluation.
- e) If an employee transfers to a new position either within the agency or the State, the telecommuting privilege does not transfer.

#### 3. Standards of Conduct, Work Performance and Professionalism

- a) The employee continues to be bound by all applicable State statues, policies, and rules while telecommuting.
- b) Employees must be available during telecommuting hours via phone and email as the employees would if working at their central work location unless other arrangements are made in advance with the supervisor.
- c) Employees will not hold in-person business visits or meetings with professional colleagues, customers, or the public at a home work location.

# 4. Time and Attendance, Work Schedules, and Overtime

a) Work Status and Responsibilities. Employees' compensation, benefits, work status and work responsibilities will not change due to participation in telecommuting. The amount of time that employees are expected to work per day or pay period will not change as a result of

- participation in telecommuting. If employees are unable to work the complete telecommute day, annual leave, compensatory time, or sick leave for the hours not worked must be requested for approval.
- b) **Work Schedules.** Work schedules for non-exempt employees must comply with the Fair Labor Standards Act and all applicable State rules. The employee is required to follow normal agency procedures regarding the requesting and approval of overtime, compensatory time, and leave. The number of days in a week that employees may telecommute is at their supervisor and agency's discretion.
- c) Commute Time. Commute time between an approved telecommuting worksite and agency is not considered work hours and are not compensable.
- d) **Outside Employment**. When an employee applies to telecommute, outside employment must be disclosed. As required for all State employees, outside employment must be compatible with the role of the staff member as a public employee; not conflict with the best interest of the agency or the employee's responsibilities or hours of work (See Idaho Code 67-2508); and not involve activities that would constitute a conflict of interest or have potential for a conflict of interest.
- e) **Dependent or Adult Care.** Telecommuting is not to be viewed as a substitute for dependent care. Telecommuters with dependent care situations are encouraged to have alternative solutions for providing care during the agreed upon work hours. Dependent care situations must be disclosed in the telecommuting application and will be reviewed on a case-by-case basis.

# 5. Recordkeeping and Reporting

- a) Employee Telecommuting Application Request. An employee telecommuting application should be completed and submitted to the employee's supervisor for review and approval. An Employee Telecommuting Application Template can be found in 7D of this policy.
- b) Employee Telecommuting Agreement. An employee telecommuting agreement is required and must be agreed upon and signed by the employee, supervisor, and agency appointing authority or designee before telecommuting begins. This agreement does not grant additional rights for employees, and it does not establish a contract for employment where one does not already exist. A copy of this statewide policy (and the agency's telecommuting policy if applicable) must be attached to the agreement. (See 7D) The Telecommuting Agreement

may be modified for agency use.

c) Agency Telecommuting Records. DHR, at its discretion, may request information from agencies on telecommuting on an annual basis. Agencies should maintain a record of employees, work locations, duration, performance management, and any other relevant data for purposes of overall management of the statewide telecommuting program.

# 6. Resident Taxing State Outside of Idaho

- a) All out-of-state alternate work locations must be pre-approved by DHR, DFM, and SCO.
- b) The State of Idaho has no legal obligation to withhold or remit income tax of another state. It is solely the employee's responsibility to ensure that he or she is in compliance with any out-of-state tax requirements.
- c) All work scheduled out-of-state cannot be less than a full pay period and the employee's personnel record must reflect the correct taxing state.
- d) The requesting state agency is required to work directly with Risk Management regarding the Worker's Compensation payment.
- e) The requesting agency is required to coordinate directly with the State Controller's Office, Division of Statewide Payroll (DSP), to ensure taxable wages are reported correctly.

# 7. IT Security and Equipment

- a) The employee will apply approved safeguards to protect agency and state records from unauthorized disclosure or damage and will comply with all records and data privacy requirements set forth in state law. Each agency must require employee to abide by all State of Idaho rules and policies regarding the security and confidentiality of information, including computer data and files.
- b) The agency must address employee computer usage (and related devices) and ensure it meets information security standards. The employee is responsible for acquiring internet access and related equipment.
- c) The state will not be responsible for operating costs, home maintenance, or any other incidental costs (e.g., utilities) associated with the use of the employee's residence.

d) Nothing in this policy obligates the agency or the state to purchase furniture or equipment solely for the purpose of telecommuting.

# 8. Safety, Workers' Compensation and Other Liabilities

- a) Alternate Work Location Safety. The employee, position, alternate work location, and other conditions must be deemed suitable for a telecommuting location before it is permitted. An alternative worksite employee declaration checklist is provided in the employee telecommuting agreement template.
- b) Workers' Compensation and Injuries to Third Parties. Agency must address State of Idaho workers' compensation laws and rules. The employee remains liable for any injuries sustained by third parties at the alternate work location. (Additional agency requirements apply if an employee work location is not in the State of Idaho See Resident Taxing State Outside of Idaho).
- c) An employee who is directly engaged in performing their official duties is covered by all applicable state employee compensation acts while working at the home location and is required to follow reporting procedures of any accident or injury at the home worksite. The State's potential exposure to liability is restricted to the official workstation for the purposes of telecommuting.

#### 9. Additional Information

- a) ADA Reasonable Accommodation. If an employee applies to telecommute under an ADA reasonable accommodation request, the request must be reviewed and approved by DHR.
- b) Other Federal and State Laws. Telecommuting programs are not intended to cover or substitute for other work-related situations covered by other laws, such as the Americans with Disabilities Act, the Family and Medical Leave Act, and other similar federal and state laws.

#### 7D. FORMS ASSOCIATED WITH THIS POLICY

Telecommuting Self-Assessment
Telecommuting Application
Telecommuting Agreement
Telecommuting Sample Work Plan

# **7E. RESOURCES AND TRAINING**

Telecommuting Fundamentals: Employee Telecommuting Fundamentals: Supervisor Cybersecurity Training

#### TELECOMMUTING SELF-ASSESSMENT

Is Telecommuting Right for Me?

While many workers enjoy telecommuting arrangements, it's important to realize that telework may not be the best option for everyone. Understanding your strengths and weaknesses when it comes to telecommuting can help you easily manage your workload and avoid any potential pitfalls. Respond to the questions below to help determine if a telework agreement is right for you.

How comfortable am I working away from my manager or coworkers?

Am I worried about the impact on my career, assignments, or promotions?

Do I have the capacity and work habits to work independently?

Are my personal circumstances (home, family, etc.) suitable for telework?

Do I have a strong understanding of my responsibilities?

Can I ensure the safety of all State of Idaho data?

How will I manage distractions?

Am I good at managing my time?

Do I currently meet work timelines and deadlines?

Do I have the tools, equipment, and resources to complete my work?

Do I have a dedicated, safe place to work?

How much do I need to connect and collaborate with my coworkers and peers?

Do I need to be present in the agency to complete all of my job tasks?

Can I prioritize my work and complete it in a safe and organized manner?

Can I schedule and implement work hours conducive to my role and the needs of my organization?

Can I comply with all rules, policies, and statutes of my agency?

Do I feel comfortable with using new technologies?

# CREAT SEATON PERENCIA OR

# STATE OF IDAHO TELECOMMUTING APPLICATION

# **EMPLOYEE INFORMATION:**

| Name  |   | Title                          |  |  |
|---|---|--------------------------------|--|--|
| Job classification  |   | Work phone                     |  |  |
| Agency  |   | Office location                |  |  |
| Division  |   | Department                     |  |  |
| Supervisor  |   | Agency Appo                    | inting Authority/Designee                            |  |
| TELECOMMUTE INFORMAT  | ION:  |                                |  |  |
| This application is a request                                 | for: (see policy for definiting                       | ons)                           |  |  |
| ☐ Regular and/or reoccurring                                  | ig schedule   | ☐ Periodic and/or intermittent |  |  |
| ☐ As a component for a Real Accomodation <sup>1</sup>         | asonable  | ☐ An out of                    | state telecommuting request <sup>2</sup>             |  |
| Will you be providing depe                                    | ndent care while perfori                              | ming official v                | vork duties <sup>3</sup> ? Yes No                    |  |
| How often are you requestir week) Note: This option is only a | ng permission telecomm<br>vailable for work performed | nute? (choose o                | only one and designate specific day of the of Idaho. |  |
| Once a week (day)   | Two days a week                                       |                                | Three days a week                                    |  |
| Four days a week  | Five days a week                                      |                                | Occasional for special projects                      |  |
| Work hours:   |   |                                |  |  |
| Designated work location:                                     |   |                                |  |  |
| Other work locations (if applicable):                         |   |                                |  |  |
| Reasoning why the employee is requesting this agreement:      |   |                                |  |  |
|   |   |                                |  |  |
|   |   |                                |  |  |
|   |   |                                |  |  |
|   |   |                                |  |  |
|   |   |                                |  |  |
|   |   |                                |  |  |

- 1. This must be submitted to and approved by the Employee's agency prior to telecommuting.
- 2. Out of State telecommuting agreements require employees to work entire pay periods in one location and require DHR and DFM preapproval.
- 3.Dependent care does not prohibit an employee from telecommuting. Telecommuting is not to be viewed as a substitute for dependent care and must be disclosed. Telecommuters with dependent care situations are encouraged to have alternative solutions for providing care during the agreed upon work hours.

Please read each of the following job characteristics and then rate each according to your current job requirements. If there is a **High** requirement, **Low** requirement, or **No** requirement for this aspect in your personnel skillset or your job, please mark a **X** in the appropriate column.

High ratings for items 1-7 below and low ratings for items 8-12 tend to indicate that the job and / or the person is compatible with the telecommuting program. However, your supervisor / management team will use your responses as only one part of their decision to approve this application.

| Job Requirements  | High | Low | None   |
|---|------|-----|--------|
| Ability to control and schedule work                                | 19.1 |     | 710110 |
| Clear and understandable work assignment objectives                 |      |     |        |
| Ability to work autonomously  |      |     |        |
| Requirement to concentrate on work                                  |      |     |        |
| Amount of computer work   |      |     |        |
| Clear understanding of computer security requirements               |      |     |        |
| Amount of face-to-face contact                                      |      |     |        |
| Amount of telephone communications                                  |      |     |        |
| Amount of in-office reference material needed                       |      |     |        |
| Amount of generally sensitive material / data                       |      |     |        |
| Amount of HIPAA material work requirement                           |      |     |        |
| (Health Insurance Portability and Accountability Act which requires |      |     |        |
| employers to physically separate and safeguard employees'           |      |     |        |
| "protected health information" received from a group health plan.)  |      |     |        |
| Amount of tax information work/Personally Identifiable Information  |      |     |        |

|   | COMMUTE WORK PLAN PROPOSAL:  describe the work that you wish to complete while telecommuting  |
|---|---|
|   | 0% email, 30% data management, 25% phone consultations):  |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
| • | describe the telecommuting location and workspace including necessary equipment. Note: ency may not be responsible for providing telecommute equipment. |
|   |   |
|   |   |
| ı |   |
| I |   |
|   |   |

| manage disruptions and distractions during an ag  Briefly describe how telecommuting will meet the | reed upon work time: |      |
|--|----------------------|------|
| Employee Name (printed) Employee Supervisor's Comments:  | oyee Signature       | Date |
| Supervisor Name (printed) Supe   | rvisor Signature     | Date |
| Agency Determination. Provide justification if the to  | 0                    |      |
| Agency Appointing Authority/Designee Name (pri   | nted)                |      |
| Agency Appointing Authority/Designee Signature   |                      | Date |
| If applicable: DHR Representative:   | Date:                |      |
| DFM Representative:  | Date:                |      |
| SCO Representative:  | Date:                |      |
| cc: Agency Human Resource office   |                      |      |

#### EMPLOYEE IN-STATE TELECOMMUTING AGREEMENT TEMPLATE

**Legal Authority:** The rules of the Division of Human Resources are adopted pursuant to Section 67-5309, Idaho Code. The Division shall determine the policies of the Idaho Personnel System.

# **Terms of Telecommuting Agreement**

The terms of this agreement must be read in conjunction with agency specific telecommuting policies. Signatures certify they will abide by the terms of this agreement, all applicable telecommuting policies, and all agreement specific terms established by the employing agency

#### 1. Safety

- Employee will verify the safety of an alternate worksite using the selfreporting safety checklist in Section II of this agreement.
- Employee is covered by the Idaho State Insurance Fund's Workers' Compensation Program, as appropriate, if injured while working at the alternate worksite.
- Employee agrees to bring to the immediate attention of his/her supervisor any accident or injury that occurs while working at an approved alternate work location.
- Supervisor will investigate all accident and injury reports immediately following notification.
- Agency reserves the right to inspect the alternate work location to ensure safety standards are met.

#### 2. Confidentiality and Information Security

- Employee will apply approved safeguards, in accordance with agency
  policy, to protect agency or state records from unauthorized
  disclosure or damage and will comply with all records and data
  privacy requirements set forth in state law, agency specific policies,
  and state policies.
- Employee will conduct work at the alternate work location in compliance with all information security standards.

#### 3. Work Standards and Performance

- Employee will meet with their supervisor to receive assignments and to review completed work as the supervisor deems necessary or appropriate.
- Employee may be required to return to the central work location on scheduled telecommuting days based on operational requirements.
- Employee will complete all assigned work according to procedures
  mutually agreed upon by the employee and the supervisor, and
  according to guidelines and expectations stated in the employee's job
  description and performance plan.
- Supervisor will regularly evaluate and provide feedback on the employee's job performance.
- Employee agrees to perform telecommuting work at the agency-approved alternate work location(s) and times defined in this agreement unless they notify and receive explicit approval from a supervisor to temporarily shift telecommuting work to another alternate work location or time period. Failure to comply with this provision may result in termination of the telecommuting agreement, and/or appropriate disciplinary action.
- Telecommuting is not to be viewed as a substitute for dependent care and must be disclosed. Telecommuters with dependent care situations are encouraged to have alternative solutions for providing care during the agreed upon work hours.

#### 4. Compensation and Benefits

 All pay rates, leave/retirement benefits, and travel reimbursements will remain as if the employee performed all work at the employee's established central workplace.

#### 4. Compensation and Benefits(cont.)

- A non-exempt employee who telecommutes and has approved overtime at the direction of a supervisor will be compensated in accordance with applicable law and state policy.
- Employee understands that supervisors will not accept unapproved overtime work from non-exempt employees. By signing this form, employee agrees that failing to obtain proper approval for overtime work may result in termination of the telecommuting agreement and/or appropriate disciplinary action.
- Employee must obtain supervisory approval before taking leave in accordance with established office procedures. By signing this form, employee agrees to follow established procedures for requesting and obtaining approval of leave.

#### 5. Equipment and Expenses

- Employee who borrows agency equipment agrees to protect such equipment in accordance with agency guidelines. State- owned equipment will be serviced and maintained by the appropriate agency.
- If employee provides their own equipment, employee is responsible for servicing and maintaining it.
- Neither the agency nor the state will be liable for damages to an employee's personal or real property during the performance of assigned work or while using state equipment in the employee's residence.
- Neither the agency nor the state will be responsible for operating costs, home maintenance, or any other incidental costs (e.g., utilities) associated with the use of the employee's residence.

#### 6. Initiation and Termination of Agreement

- The agency and employee understand that telecommuting shall be governed by the same state personnel policies as those applicable to employees at the agency's central workplace except as modified by this agreement.
- Agency concurs with employee participation and agrees to adhere to applicable policies and procedures.
- Employee may terminate this telecommuting agreement at any time unless telecommuting work is a condition of employment.
   Reasonable notice to the agency should be provided when possible.
- Agency may terminate this telecommuting agreement at any time.
   (Agreement may be terminated for reasons to include, but not limited to, declining performance and organizational benefit).
   Reasonable notice to the employee is recommended when feasible.

#### 7. Agreement Agency Specific Terms and Conditions:

INSERT HERE or ADD ATTACHMENT

**NOTE:** The language used in this agreement does not create an employment contract between the employee and the agency. This agreement does not create any contractual rights or entitlements, but, instead, establishes conditions for permitting an employee to qualify for and continue to exercise the privilege of telecommuting. The agency reserves the right to revise the content of this agreement or its terms, in whole or in part, at its discretion. No promises or assurances, whether written or verbal, which are contrary to or inconsistent with the terms of this paragraph are binding upon the agency.

# EMPLOYEE TELECOMMUTING AGREEMENT TEMPLATE (CONT.)

| Section I – This document constitutes the  | e terms of the telecomi   | nuting agreement for:   |       |             |
|--|---|---|-------|-------------|
| 1. Employee (Last Name, First, Middle Initial)   | 2. Job Title  |   |       |             |
| 3. Agency  | 4. Alternate Work Location(   | s) Address(es)  |       |             |
| 5. Telecommuting Arrangement Implementation Dates  (Agreement should be reviewed annually and revalidated at least once every two years)  a. Start Date    b. End Date   |   |   |       |             |
|  | 7. Dependent Care Consider  | ration(s) YES NO  | )     |             |
| Area Code) Telecommuting Arrangement Category (select one)   |   |   |       |             |
| ☐ Full-Time Telecommuting ☐ Flexible Telecommuting (or   | nly available inside the Sta  | te of Idaho)  |       |             |
| Employee telecommutes their entire work schedule from the May be expected and/or require   | mutes less than 40 hours per<br>ed to work in a telecommuting<br>tice and approval process for  | week on a sporadic or task drive<br>mode for limited periods in resp<br>the employee to request a shift t | onse  |             |
| Flexible Telecommute Pattern - Document the normal pattern of days and hours the employee will telecommute each week Document the process required to request and receive approval for deviations in days or hours in the notification and approvals section to the right.  Notification and Approvals - Document the notification and approvals or telecommuting schedule changes.  |   |   |       |             |
|  | Security – Document Emplo ecurity standards and requiren  | yee compliance with State and age<br>nents.   | ncy I | T           |
| ☐ Thursday☐ Friday☐ Saturday  Normal work hours at alternate work location will be from  |   |   |       | _           |
|  | mployee telecommuting trainir   | g date:   |       |             |
| Continuity of Operations "Emergency Closing" Status (select one)   |   |   |       |             |
| Employee US or US NOT expected to telecommute for the duration of an emergency pursuant to a pandemic and/or when the employee's central agency workplace is closed due to natural or manmade emergency situations (e.g., snowstorm, tornado, act o terrorism, etc.). If employee is unable to telecommute during an emergency due to illness or dependent care responsibilities, th employee must take appropriate leave. The employee may be asked and expected to report to an agency central workplace, other alternative locations, or be granted emergency closing authorization, on a case-by-case basis, when other circumstances (e.g., powe failure) prevent the employee from telecommuting at the alternate work locations listed above. |   |   |       | t of<br>the |
| Employee Signature Date  |   |   |       |             |
| Authorized Supervisor or Manager Signature   |   | Date  |       |             |
| Appointing Authority/Designee  |   | Date  |       |             |
| Section II – Employee Self   | Reporting Safety Chec   | klist   |       |             |
| 1. Temperature, ventilation, lighting, and noise levels are adequ  | ate for maintaining a work lo   | cation.   | Y     | N           |
| Electrical equipment is free of recognized hazards that would fixtures; bare conductors; etc.)   | cause physical harm (frayed   | d, exposed, or loose wires; loose   | Y     | N           |
| Computer equipment is connected to a surge protector.  |   |   | Y     | N           |
| 4. Alternate work location is free of any obstructions that could r  | estrict visibility and moveme   | nt (including doorways).  | Y     | N           |
| 5. File cabinets and storage closets are arranged so drawers and doors do not enter into walkways.   |   |   |       | N           |
| 6. Phone lines, electrical cords, and surge protectors are secured under a desk or alongside a baseboard.  |   |   | Y     | N           |
| 7. Clear understanding of state and agency computer security requirements  |   |   | Y     | N           |
| 8. Work location space is free of excessive amounts of combustibles, floors are in good repair, and carpets are well   |   |   |       | N           |
| 9. Internet access is available and provided by employee.  |   |   |       |             |
| place to work. I agree that I am responsible for ensuring my Office.   | l verify that this safety checklist is accurate and that my alternate work location within the State of Idaho is a safe and secure<br>place to work. I agree that I am responsible for ensuring my taxing state is updated appropriately with the State Controller's<br>Office. |   |       |             |
| Employee Signature   |   | Date  |       |             |



# STATE OF IDAHO TELECOMMUTING SAMPLE WORK PLAN

# **EMPLOYEE INFORMATION:**

| Name   | Title                                |
|--|--------------------------------------|
| Job classification                             | Work phone                           |
| Agency   | Office location                      |
| Division                                       | Department                           |
| Supervisor                                     | Agency Appointing Authority/Designee |
| Implementation dates (start):                  | (end):                               |
| Approved Telecommuting days/hours:             |                                      |
| TELECOMMUTE WORK PLAN (to be complete          | ted by employee and supervisor):     |
| Briefly describe the work that will be allowed | d during telecommuting:              |
|  |                                      |
|  |                                      |
|  |                                      |
|  |                                      |
|  |                                      |
|  |                                      |
|  |                                      |
|  |                                      |
|  |                                      |
|  |                                      |
| Briefly describe the telecommuting location    | and workspace:                       |
|  |                                      |
|  |                                      |
|  |                                      |
|  |                                      |
|  |                                      |
|  |                                      |
|  |                                      |
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|  |                                      |
|  |                                      |
| COMMUNICATION EXPECTATIONS:                    |                                      |
| Phone number and availability:                 |                                      |
|  |                                      |
| Email and availability:                        |                                      |
| Text and availability:                         |                                      |

| Other/interoffice platforms and availability  | (such as teams, slack, yar                                       | nmer, etc):  |            |
|---|--|--|------------|
| Describe how you will check in with your supe   | rvisor:  |  |            |
|   |  |  |            |
|   |  |  |            |
|   |  |  |            |
|   |  |  |            |
| Describe other Supervisor and Employee expo   | ectations:   |  |            |
|   |  |  |            |
|   |  |  |            |
|   |  |  |            |
|   |  |  |            |
|   |  |  |            |
|   |  |  |            |
| TELECOMMUTING EQUIPMENT:  |  |  |            |
| *Agencies are not required to supply telecommodulinement of the job. However, an agency mappropriate equipment and resources, they mapproperty at an approved alternate location, do identifying equipment (if applicable). | nay retain the right to do so.<br>ay not be eligible for telecom | If an employee does not hamuting. If utilizing any State | e of Idaho |
| Required equipment  | Required Supplies  |  |            |
| Computer:   |  |  |            |
| Printer:  |  |  |            |
| Fax:  | - <u> </u>   |  |            |
| Wi-Fi:  |  | <u> </u>   |            |
| Phone:  | <u> </u>   | <u>-</u>   |            |
| Other:  | <u>-</u>   |  |            |
| Required software   |  |  |            |
| -VPN network access   |  |  |            |
|   |  |  |            |
|   |  |  |            |
|   |  |  |            |

# **IDENTIFICATION OF METRICS AND TELEWORK EVALUATION**

| pervisor signature                  |                    | oate                    | ·                   |
|-------------------------------------|--------------------|-------------------------|---------------------|
| ployee signature                    |                    | oate                    | _                   |
|                                     |                    |                         |                     |
|                                     |                    |                         |                     |
|                                     |                    |                         |                     |
| ency Expectations and Condition     | ıs:                |                         |                     |
|                                     |                    |                         |                     |
|                                     |                    |                         |                     |
|                                     |                    |                         |                     |
| sure the standard of work is met an | d that goals are c | ompleted in a timely    | manner:             |
| cumentation tools. The following    | documentation to   | ols will be used in thi | s telework agreemen |
|                                     |                    |                         |                     |
|                                     |                    |                         |                     |
|                                     |                    |                         |                     |
|                                     |                    |                         |                     |

#### TELECOMMUTING POLICY FAQS

# **Statewide Policy**

- The revised telecommuting policy is statewide. Therefore, agencies may use the statewide policy as it stands. An agency can further detail agency specific attachments/amendments as long as it does not deviate from the statewide policy. Agencies are not required to have their own amendments to the statewide policy. Should an agency choose to draft an agency-specific policy, nothing in the agency policy should be in direct conflict of the statewide policy.
- Agencies do not need to create their own policy and their own forms.

# Occasional, Temporary or Emergency Telecommuting

- If an employee requests to work from home due to an emergency for a few days, or on occasion, they are not required to complete a telecommuting application and/or agreement. Should the temporary arrangement continue into a consistent pattern or practice, the employee is required to submit a formal application for consideration.
- The revised statewide policy is separate and apart from any temporary emergency-use telecommuting policy such as the Temporary COVID 19 Telecommuting Policy.

# **Out-of-state telecommuting**

- Any references to "within the State of Idaho" were kept since any telecommuting work done out of state is an exception to policy and must be approved in advance by DHR, DFM and SCO.
- Policy states that DHR, DFM and SCO must approve any out-of-state telecommuting agreements. Procedure: Agencies may submit the application to DHR who will route to appropriate approval agencies.

#### **Performance**

- DHR recommends an achieves performance rating or higher on performance evaluations; however, agencies have the ability to modify this to their needs. For example, making an agency specific requirement of "Solid Sustains" or higher. We do recommend at least "Achieves."
- Employees will be required to demonstrate that work performed at alternate work location is completed in an efficient and measurable manner, just as they would if they were at their regular work location.
- In addition to performance management tools already in place, DHR has created a **Telecommuting Sample Work Plan** for supervisors to use with employees which will allow the employee and supervisor to provide a detailed work plan, as well as communicate supervisor expectations, and any agency expectations and conditions. The Sample Work Plan can be found with the Telecommuting Resources.

# **Training**

• Many agencies have asked if training is encouraged. Training will be required by both the employee and supervisor prior to the approved telecommuting agreement. This training is provided by DHR and is available through each employee's KnowBe4 account.

# **Teleworking timecode**

• New timecodes are being developed for use when telecommuting pursuant to this policy. Employees (excluding employees who are designated as executive exempt) shall record hours worked while telecommuting using those timecodes. These are separate and apart from any COVID-related timecodes.

# **Timeframe/Duration**

• Telecommuting agreements are approved with a beginning date and end date in mind. These are not permanent agreements and should be reviewed on at least an annual basis. Agencies can institute a "trial period" in which they observe performance, ensure operational needs are met and measure the success of the telecommuting agreement.

# **Information Technology**

- Any details submitted regarding IT tools such as specific video conferencing tools or software preferred by an agency are not included in the policy; however, they can be part of an agency specific attachment to this policy.
- All IT policies that govern individual agencies will still be applicable when an employee is telecommuting.

# **Agreement Template**

• Telecommuting Agreement template may be amended or modified for agency use so long as the agreement is consistent with this policy.

#### Job Classification Assessment Tool

- This is a tool to assist agencies in identifying positions that may be eligible for telecommuting. Use of the tool is optional and not required.
- If an agency determines a classification is eligible for telecommuting, this does not require that every person within that classification telecommute.

#### JOB CLASSIFICATION ASSESSMENT TOOL

# (Optional, not required)

The Job Classification Assessment Tool will aid in the review of classifications within your agency to identify the position classifications that are eligible and ineligible for telecommuting. An eligible job classification is comprised of positions that have responsibilities that can be, at any given time, conducted from a remote location without negatively affecting service quality or organizational operations. This analysis is based on the work being done, not on the employee. The criteria outlined below should apply to all positions within the specific job classification.

This tool helps identify positions that may be eligible for telecommuting in your agency.

# Step 1

Please read each of the following job characteristics and then rate each according to the current job requirements. If there is a **High** requirement, **Low** requirement, or **No** requirement for duties within the job classification, please mark and X in the appropriate column.

High ratings for items A - F and low ratings for items G - L tend to indicate that the job is compatible with the telecommuting program.

|    | Job Requirements  | High | Low | None |
|----|---|------|-----|------|
| A. | Ability to control and schedule work  |      |     |      |
| В. | Clear and understandable work assignment objectives   |      |     |      |
| C. | Ability to work autonomously  |      |     |      |
| D. | Requirement to concentrate on work  |      |     |      |
| E. | Amount of computer work   |      |     |      |
| F. | Clear understanding of computer security requirements   |      |     |      |
| G. | Amount of face-to-face contact  |      |     |      |
| H. | Amount of telephone communications  |      |     |      |
| I. | Amount of in-office reference material needed   |      |     |      |
| J. | Amount of generally sensitive material / data   |      |     |      |
| K. | Amount of HIPAA/confidential material work requirement (Health Insurance Portability and Accountability Act which requires employers to physically separate and safeguard employees' "protected health information" received from a group health plan.) |      |     |      |
| L. | Amount of tax information work  |      |     |      |

# Step 2

Additional questions to help determine eligibility of a job classification:

- 1. Can any of the job duties performed by this position be done anywhere other than the office?
- 2. Do the positions within this job classification require daily 100% on-site performance of work?
- 3. Do the positions within this job classification require extensive time in in-person meetings, working on agency property, face-to-face contact with supervisors, subordinates, other employees, clients or the public for the purposes of setting up meetings, onsite logistics and taking minutes or notes?

Examples of responsibilities that may be suitable for telecommuting (not a guarantee):

accounting evaluations research analyzing data software development graphics auditing reports work planning spreadsheet analysis preparing budgets calculating typing programming word processing programming web training data entry monitoring contracts design work project management writing drafting reading editing report writing

#### Step 3

Telecommuting may include any combination of time where employees work at an alternate location. \*This combination can be anywhere from a few hours to full-time five days a week. How often do you believe the job classification lends itself to telecommuting?

| A. Once every week                 |
|------------------------------------|
| B. Two days a week                 |
| C. Three or five days a week       |
| D. Five days a week                |
| E. Occasionally for special projec |

<sup>\*</sup>The ability for positions to telecommute will be re-evaluated as the details of who and how many people telecommute are worked out for agency staff. Responses to the assessment tool should not be construed as a guaranteed approval for a specific job classification to telecommute.

# Step 4

Address any concerns that may come up as a result of the telecommuting assessment and review process. We have a unique opportunity to represent how telecommuting can become a best practice for efficiency and effectiveness in the workplace. However, in order to successfully implement, the state will need to be innovative, and introduce new ways for employees to connect and be open to embracing change. Here are some common objections you may find and some helpful responses.

| The jobs here aren't designed for telecommuting.                                    | How can job descriptions be designed so employees have enough independence to work remotely?  |
|---|---|
| Telecommuting just doesn't mesh with our culture at this organization.              | What are the ways in which our culture blocks flexibility and telecommuting, and how can we make it more accepting of different ways of working?  |
| Employees need to have face time with the boss/senior leaders/clients to get ahead. | What suggestions do you have on how we deemphasize face time and centralized control towards measurable productivity and employee development?  |
| We don't have the technology to telecommuting.                                      | What technology, if any, is needed to support broad access to telecommuting?  |
| Managers aren't prepared to lead remote employees and/ or teams.                    | How can managers be best prepared to lead remote employees and/or teams?  |
| We need to have people here to collaborate and work together.                       | Are there times when employees are not collaborating that they could telecommute? Are there ways of collaborating we already use when employees are in different worksites/offices that we could use for telecommuters? |
| Things won't work if no one is ever in the same place.                              | There are many forms and degrees of telecommuting. Is there a level of telecommuting that you would be willing to try out for a limited time or perhaps a hybrid model?   |