Employee Name:	Employee ID:
Date:	
Department/ Division:	Work Location:
Supervisor Name/Title:	

Teleworking at the City of Little Rock ("City") is the practice of working at home or another alternative work location instead of the City's Department office location. It is a work alternative arrangement that the City offers to eligible employees when it would benefit both the City and its employees.

Not all positions are suited for telework. Those positions responsible for providing in-person customer service, direct handling of secure materials determined to be inappropriate for telework by the Department Director, or requiring on-site presence are not suited for telework. Telework is a privilege which may be granted in accordance with the City's *Telework Policy*. Determinations will be made by the Immediate Supervisor/Manager and Department Director.

Employees who telework shall adhere to the City's policy and procedures governing telework as well as all other City policies, procedures, and guidelines, including the acceptable use of information technology. The employee is responsible for maintaining confidentiality and security at the alternate work location. The City is not responsible for providing internet, data plans, etc. in order for the employee to telework. City equipment must be utilized to VPN.

Section I: To be completed by the Employee

TELEWORK LOCATION AND REPORTING

Outlined below are the specific conditions for teleworking agreed upon by the participating employee and his/her supervisor(s), which must include in each instance a requirement specified by the Department Director that the teleworking employee complete a written document or report itemizing the work done and tasks performed during each teleworking day in detail reasonably satisfactory to the Department Director to be submitted in a form or format approved by the Department Director to the person designated by the Department Director promptly following the teleworking day.

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The employee agrees to address) on telework da		g location (in	nclude address, phone	number, and e-mail
Address:				
City:		State:	Zipcode	::
Phone Number:		E-Mail:		
TELEWORK ASSIG Provide a brief descript		ts or duties to	be completed at the a	ulternate location:
Department Director pris not to work more that	edule, including speci rior to beginning a tele an the scheduled hour aployee is expected to	ework schedurs without ad	lle. The overtime eligi vance written approva	ished and approved by the ble/non-exempt employee I from the supervisor. The d will not change due to
approved for situation emergency weather-rel uninterrupted time; or	s including, but not lated conditions; (3) s (4) other circumstance	limited to: (special work es deemed ap	1) recuperation from assignment(s) requirippropriate by the Department	nporary telework may be an injury or illness; (2) ng an extended period of artment Director. Because may not be appropriate or
The employee will tele	work:			
# day(e):	□ ner week □ ner	month	Effective Date:	

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If this is a temp	orary agreement, please briefly explain and provide time	frame:
•	ur complete weekly work schedule, including days/hours ne telework week.	s/locations in and out of the
Day	Hours – Include meal period and breaks for each day of your work week (i.e., 8:30 am – 4:30 pm)	Location (City or Alternate Location)
Monday		
Tuesday		
Wednesday		
Thursday		

WORK SPACE ENVIRONMENT

Friday

Participating employees must designate a specific work space at the alternate work location. The employee's alternate work location will be considered an extension of the City's main office location. Therefore, the City will continue to be liable for job-related accidents of employees that occur in the alternate work location during the employee's working hours. Workers' compensation liability is limited to the designated work space as opposed to all areas of the alternate work location.

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1.	s the work space free of potential hazards that could cause physical harm (frayed wires, bare onductors, loose wires, exposed wires to the ceiling, frayed or torn carpeting seams, uneven floor urfaces)?		
	□ YES		
2.	Are electrical outlets grounded (3 pr	onged)?	
3.	Is the furniture being used (i.e., desuse?	k, file cabinets, shelves, bookcases) sturdy and adequate for	
	\Box YES	\square NO	
4.	Are the rungs and legs of the chair so \Box YES	turdy and free of loose casters (wheels)?	
5.	Are the phone lines, electrical cords, \Box YES	and extension wires secured? □ NO	
6.	Is the office space neat, clean, and fr $\hfill \square$ YES	ree of obstructions and excessive amounts of combustibles?	
7.	Is there enough light for reading? \Box YES		
8.	Is a fire extinguisher easily accessible YES	e from the office space? □ NO	
9.	Is there a working (test) smoke detection □ YES	etor within hearing distance of the workspace? □ NO	
10.	Is the area free from distractions (i.e.	_ 110	

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Note any additional conditions agreed upon by the applicant and supervisor(s):
PRINT FORM AND FOLLOW REMAINING DIRECTIONS TO BEGIN APPROVAL PROCESS
<u>Certifications</u>
I certify that all information contained in this checklist is true and complete to the best of my knowledge. I understand that any erroneous, misleading or fraudulent information is sufficient grounds for my preclusion from teleworking and/or disciplinary action.
Further, I understand that this telework agreement is not an employment contract and may not be construed as such. I certify that I have read, understand, and agree to comply with the terms of the City's Telework Policy <u>and</u> the specific terms of this agreement.
I understand that I must be available at the location and phone number provided during my scheduled work hours. Failure to be available, may result in denial of future telework. I understand that the telework assignment may be canceled by the City at any time. Additionally, all costs involved in the telework assignment will be borne by me, the employee. I agree that I will provide security for any documents that I have in my possession that are the property of the City and I will notify my supervisor immediately if any document is unaccounted for.
I will sign and comply the City of Little Rock IT Policy for VPN if I am accessing the City's network.
Teleworker Signature (Approved in accordance with the considerations noted above)

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Section II: To be completed by the Immediate Supervisor/Manager, or Department Director

Approved telework agreements are subject to review and renewal no less frequently than annually, twelve months from the date the arrangement began or was last renewed.

Whenever there is a change in supervision, the unit will review and determine whether to continue all alternate work schedules.

In approving this request for telework, I have considered whether:

- Service delivery to internal and external customers will be maintained;
- Operational requirements will be met;
- Adequate coverage for offices or operations will be maintained during normal periods of public service;
- Satisfactory performance of the employee is evidenced by the most recent performance evaluation;
- There will be a positive impact on the environment;
- Increased employee engagement will be supported through improved work/life balance; and/or
- There will be any budgetary impact of such a request.

Immediate Supervisor Signature	Date
(Approved in accordance with the considerations noted above)	Bute
Department Head	Date
(Approved in accordance with the considerations noted above)	

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