

*...a better way*

**ALTERNATIVE WORK ARRANGEMENTS**

Alternative work arrangements can reduce traffic congestion during peak periods, reduce commute trips, increase productivity, and/or provide personal benefit to employees to balance work and home life needs. 8 Pages 20-563

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**ALTERNATIVE WORK ARRANGEMENTS**

Alternative work arrangements benefit [ORG], its employees, and our community by reducing traffic congestion during peak periods, reducing commute trips, increasing productivity, and/or providing personal benefit to employees to balance work and home life needs. [ORG] encourages the use of alternative work arrangements in situations where it is mutually beneficial to employees and [ORG] customers.

This program is not intended to be a universal employee benefit and may not apply to all employees. Approval for an alternative work arrangement is at the sole discretion of the employee’s Executive Director and will be approved on a case-by-case basis. Supervisors, with approval from the Executive Directors, may establish a trial period for assessment and review prior to approving an alternative work arrangement. Alternative work arrangements are a privilege and not an entitlement, or contract, and may be cancelled or changed at any time and at the sole discretion of the employee’s Executive Director. In the event an employee wishes to change an alternative work arrangement, a written request must be submitted and approved by the Executive Director prior to effecting a change. The terms of employment do not change as a result of an alternative work arrangement; alternative work arrangements do not change the employee’s wages, benefits or job responsibilities.

Employees are only eligible for one type of alternative work arrangement. An employee may be approved for teleworking or for an adjusted work schedule, not both.[[1]](#footnote-1)

***[ORG] allows for the following types of alternative work arrangements:[[2]](#footnote-2)***

1. Alternative Work Schedule – An Alternative Work Schedule is a fixed schedule that starts and/or stops outside of regular, core company business hours of 8:00 a.m. to 5:00 p.m. where the employee works longer days so that the employee may take off one day per pay period. A 9/80 schedule is an example. An employee may request an Alternative Work Schedule which provides for **one (1) day off per pay period** when the employee otherwise works at least eighty (80) hours during that pay period.

An example 9/80 Alternative Work Schedule:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Day** | **Week One** | **Lunch** | **Hours** | **Week Two** | **Lunch** | **Hours** |
| Monday | 8am - 6pm | 12-1pm | 9 | 8am - 6pm | 12-1pm | 9 |
| Tuesday | 8am - 6pm | 12-1pm | 9 | 8am - 6pm | 12-1pm | 9 |
| Wednesday | OFF\* |   |   | 8am - 5pm\* | 12-1pm | 8 |
| Thursday | 8am - 6pm | 12-1pm | 9 | 8am - 6pm | 12-1pm | 9 |
| Friday | 8am - 6pm | 12-1pm | 9 | 8am - 6pm | 12-1pm | 9 |

*\* the* *8-hour day must fall on the same day in the following week*

An example Alternative Work Schedule with ½ day every Friday (40 hours each week):

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Day** | **Week One** | **Lunch** | **Hours** | **Week Two** | **Lunch** | **Hours** |
| Monday | 8am - 6pm | 12-1pm | 9 | 8am - 6pm | 12-1pm | 9 |
| Tuesday | 8am - 6pm | 12-1pm | 9 | 8am - 6pm | 12-1pm | 9 |
| Wednesday | 8am - 6pm | 12-1pm |  9 | 8am - 6pm | 12-1pm | 9 |
| Thursday | 8am - 6pm | 12-1pm | 9 | 8am - 6pm | 12-1pm | 9 |
| Friday | 8am - 12pm | None | 4 | 8am - 12pm | None | 4 |

1. Telework Schedule: Teleworking is a fixed 5/8 work schedule that regularly allows the employee to work from the employee’s home or from another alternative work site, rather than from the principal place of employment. An employee may request a 5/8 work schedule which provides for **one (1) teleworking day per pay period.** The employee must also designate a one hour or one-half hour unpaid lunch period.

An example Telework 5/8 schedule with every other Tuesday as a teleworking day offsite:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Day** | **Week One** | **Lunch** | **Hours** | **Week Two** | **Lunch** | **Hours** |
| Monday | 8am - 5pm | 12-1 | 8 | 8am - 5pm | 12-1 | 8 |
| Tuesday | 8am - 5pm | 12-1 | Telework 8 hrs. | 8am - 5pm | 12-1 | 8 |
| Wednesday | 8am - 5pm | 12-1 | 8 | 8am - 5pm | 12-1 | 8 |
| Thursday | 8am - 5pm | 12-1 | 8 | 8am - 5pm | 12-1 | 8 |
| Friday | 8am - 5pm | 12-1 | 8 | 8am - 5pm | 12-1 | 8 |

1. Adjusted 5/8 Work Schedule: An Adjusted 5/8 Work Schedule is a fixed 8-hour work schedule that starts and/or stops outside of regular, core company business hours of 8:00 a.m. to 5:00 p.m. Adjusted 5/8 work schedules are approved and removed at management’s discretion.

An example Adjusted 5/8 schedule:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Day** | **Week One** | **Lunch** | **Hours** | **Week Two** | **Lunch** | **Hours** |
| Monday | 9am - 6pm | 12-1 | 8 | 9am - 6pm | 12-1 | 8 |
| Tuesday | 9am - 6pm | 12-1 | 8 | 9am - 6pm | 12-1 | 8 |
| Wednesday | 9am - 6pm | 12-1 | 8 | 9am - 6pm | 12-1 | 8 |
| Thursday | 9am - 6pm | 12-1 | 8 | 9am - 6pm | 12-1 | 8 |
| Friday | 9am - 6pm | 12-1 | 8 | 9am - 6pm | 12-1 | 8 |

***Holidays, Leave, and Timekeeping***

1. Vacation Leave, Sick Leave and PTO: When an employee requests a day of sick or vacation leave or PTO, the time charged will be equivalent to the full number of hours the employee was scheduled to work. This compensates for actual time absent from regularly scheduled work hours.
2. Paid Holiday on Work Day: When a paid holiday falls on an employee's regularly scheduled workday, the employee will be paid eight (8) hours of holiday pay. If the regularly scheduled work day is greater than eight (8) hours, hourly employees will be required to use either vacation leave or PTO earned to make up the additional time the hourly employee was scheduled to work in excess of the eight (8) hours of holiday pay. Exempt employees shall work with their managers to ensure the time is made up during the pay period.
3. Paid Holiday on the Scheduled Day Off: When a paid holiday falls on a non-exempt employee's regularly scheduled day off employees must revert to a standard work schedule of eight (8) hours per day for the two-week pay period in which the holiday falls. Exempt employees shall work with their managers to ensure the time is made up during the pay period.

***Overtime***

1. The company’s normal work week is recognized as 12:00 a.m. Sunday through 11:59 p.m. Saturday. However, the work week may be changed to reflect a specific adjusted work schedule as necessary. Any agreed-upon adjusted schedule will not exceed 40 hours within the designated work week for overtime-eligible employees.
2. Employees eligible for overtime must have advance supervisor approval for any overtime work.
3. Exempt employees are expected to work a minimum of 40 hours each work week. Additional hours may be required of exempt employees to include working additional days, weekends and/or evenings as the employee’s workload/assignments may necessitate.

***Review of Alternative Work Arrangements***

Alternative work arrangements will be reviewed, at a minimum, on an annual basis as part of the employee’s performance evaluation process. An employee’s performance must remain in good standing to be eligible to continue with an alternative work arrangement. If approved by management, an employee may change their alternative work arrangement outside of the annual review process.

***Employee requirements for participating in an alternative work arrangement***

The following are required in order for an employee to be able to participate in an alternative work arrangement:

1. Employee’s position must be conducive to an alternative work arrangement. Certain positions within the company do not qualify for alternative work arrangements due to the nature of the work performed.
2. The employee must have successfully completed a probationary period to be eligible for teleworking. In general, the employee should be self-directed, self-motivated, focused, dependable and well organized.
3. The employee must receive written approval from their supervisor and division executive director and submit the completed and signed “Alternative Work Arrangement Agreement” to Employee Services.
4. The employee will be required to attend on-site priority meetings, trainings and projects as requested. Moving or cancelling a telework day, or day off, may be required.
5. The alternative work arrangement should not significantly interfere with [ORG] ability to provide service to customers or conduct business.
6. Job expectations including responsibilities and performance standards will not be reduced as a result of an alternative work arrangement.

***Employee Requirements Specific to Teleworking***

An Employee participating in a telework arrangement must:

1. Be working during the hours agreed to in employee’s Alternative Work Arrangement Agreement.
2. Upon request, be able to identify the work done by the employee while teleworking. It is recommended that the employee submit a record of work performed.
3. The employee must be able to return from the telework site to the primary designated work site whenever necessary or requested.
4. Provide and maintain a work area adequate for performance of official duties and free of apparent potential injury hazards. The employee must permit a [ORG] representative to inspect the alternative work site during the employee’s normal working hours to evaluate work site suitability.
5. Not conduct personal business, such as caring for dependents or performing household errands, during the assigned work hours at the alternative work site. Teleworking cannot be a substitute for childcare and alternative child care must be maintained or arranged.
6. Maintain timely and effective communications and work flow with their supervisor and co-workers. An appropriate strategy for communication must be approved by the supervisor and an alternative work station telephone number must be known and available to the supervisor and coworkers so that the employee may be reached.
7. Employees are responsible for any tax consequences of the arrangement and for conformance to any local zoning regulations.
8. The employee will be responsible for creating and storing all files on [ORG] server(s) and will not store company data locally on personal computers, to avoid loss of data resulting from fire, theft or mishaps and to ensure [ORG] access to the information. The employee must keep all computers, email systems, and internet access password protected at all times and prevent any other person from using them including other company employees, friends, family, and acquaintances.
9. All provisions of company policies still apply while the employee is teleworking.

***Supervisor’s responsibilities regarding alternative work arrangements***

Supervisors will be expected to:

1. Review and confirm that an employee’s position is conducive to an alternative work arrangement.
2. Review with the employee all the requirements of the Alternative Work Arrangement Agreement to ensure that expectations are clear and to gain employee and Executive Director signature on all necessary documents, including the Alternative Work Arrangement Agreement and Alternative Work Site Checklist for Teleworking.
3. Only grant approval to employees currently meeting performance expectations and eligibility criteria, and to employees who are self-directed, self-motivated, focused, dependable and well organized.
4. Assess the employee’s ability to meet all expectations with an alternative work arrangement within a reasonable time after beginning the arrangement and to annually review the arrangement during the employee’s performance review.
5. Confirm employee’s proficiency with job related software and computer hardware.
6. Establish methods for monitoring an employee’s performance and productivity. Supervisor must be able to certify that an employee on an adjusted work schedule is working during the approved adjusted hours and must be able to identify the work performed during a teleworker’s time working off site.

***Procedures for requesting an alternative work arrangement***

1. An employee first discusses their interest in an alternative work arrangement with their supervisor to determine appropriateness for the position.
2. An employee completes and submits an Alternative Work Arrangement Agreement to their supervisor for approval if they wish to be considered for teleworking and/or an adjusted work schedule. For teleworking, the employee must also complete the Alternative Work Site Checklist before teleworking may begin. This form needs to be reviewed by the supervisor and submitted to Employee Services.
3. The supervisor evaluates the request and determines the required equipment, work arrangement, expected productivity outcomes, and method of monitoring the success of the proposed arrangement. The supervisor may need to meet further with the employee to discuss the request.
4. Supervisor approves or denies request. If approved, the request is forwarded to the Executive Director for final approval. Executive Director approves or denies request. If denied, the supervisor meets with the employee to discuss the reasons for the denial and if there are any other options to the proposed arrangement.
5. If approved, the request is forwarded to Employee Services for implementation. If the approved work schedule includes telework, the approved request is also forwarded to the Information Technology department for computer software and connectivity assessment.

**[ORG]**

**ALTERNATIVE WORK ARRANGEMENT AGREEMENT**

Employee Name: **Click here to enter text.** Date:Click here to enter text.

Supervisor Name:Click here to enter text. Department:Click here to enter text.

Request for:

[ ]  Alternative Work Schedule (provides one day off per pay period)

[ ]  Teleworking (provides one telework day per pay period)

[ ]  Adjusted 5/8 Work Schedule

**ALTERNATIVE or ADJUSTED WORK SCHEDULE**

Start Date: Click here to enter text. End Date: Click here to enter text. Trial Period End Date:Click here to enter text.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Day** | **Week One** | **Lunch** | **Hours** | **Week Two** | **Lunch** | **Hours** |
| Monday |   |   |   |   |   |   |
| Tuesday |   |   |   |   |   |   |
| Wednesday |   |   |   |   |   |   |
| Thursday |   |   |   |   |   |   |
| Friday |   |   |   |   |   |   |

**TELEWORK**

Start Date: Click here to enter text.End Date: Click here to enter text. Trial Period End Date:Click here to enter text.

Briefly describe alternative work site location (must also attach alternative worksite checklist with application):Click here to enter text.

Describe the type of work proposed for the alternative worksite (attach supplemental sheet if necessary): Click here to enter text.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Day** | **Week One** | **Lunch** | **Hours** | **Week Two** | **Lunch** | **Hours** |
| Monday |   |   |   |   |   |   |
| Tuesday |   |   |   |   |   |   |
| Wednesday |   |   |   |   |   |   |
| Thursday |   |   |   |   |   |   |
| Friday |   |   |   |   |   |   |

**Please read and sign below:**

* I understand that this adjusted work schedule or telework arrangement is a privilege and not an entitlement. I understand the arrangement can be withdrawn at any time if the performance, quality of work, and/or ability to meet priorities is in any way affected negatively, or if there is a business need to withdraw the arrangement.
* I understand that this schedule may be modified at any time by my supervisor for priority projects or meetings that may require my on-site attendance.
* If I am on an adjusted work schedule, I will be working during the times specified on this Agreement.
* I understand that I will not have primarily responsibility for childcare, dependent care for others, or other non-work related duties or activities during teleworking work hours.
* I understand that if I am overtime-eligible, additional hours worked or overtime hours worked at any work site must be approved in advance by my supervisor. I understand that if I am in an exempt position, that it is a requirement of my position to work at least 40 hours in each workweek, and an expectation that I work more hours as needed.
* While teleworking, I agree to travel to [ORG] facilities or other locations as requested by management.
* While teleworking, I agree that I will be working and will be accessible during designated work hours as set forth in this Agreement. I agree to be available by telephone and by remote access email during my teleworking hours set by my manager.
* I understand that I may be asked to identify the work performed while teleworking, and will be prepared to do so.
* When teleworking, I agree to maintain a safe and secure work environment, and I agree to allow [ORG] access to my alternate work environment to assess safety and security, upon reasonable notice.
* I agree to report work-related injuries to the supervisor at the earliest reasonable opportunity. I acknowledge that I am covered by workers’ compensation for job-related injuries occurring at an alternative work location during my defined work period. I further acknowledge that I am not covered for workers’ compensation for injuries that may occur at the location where I perform work away from [ORG] if those injuries are not work-related. I agree to hold [ORG] harmless for injury to others at the alternate work site.
* I agree to use [ORG] owned equipment, records, and materials for purposes of business only, and to protect them against unauthorized or accidental access, use, modification, destruction, or disclosure. I agree to report to my supervisor instances of loss, damage, or unauthorized access at the earliest reasonable opportunity.
* I understand that other than the company’s provision of certain computer and phone equipment, it is my responsibility to cover all expenses needed for me to work remotely (such as internet connection, electricity, furnishings, etc.).
* I understand that it is my responsibility to create and store all of my files on [ORG] servers and will not store [ORG] data locally on my personal computer, to avoid loss of data resulting from fire, theft or mishaps in my home. I agree to secure and protect any and all access codes, passwords, and (if applicable) social security, credit card, and bank account numbers. I agree to keep all computers, email systems, and internet access password protected at all times and to prevent any other person from using them including other [ORG] employees, friends, family, and acquaintances.
* I understand there may be tax and/or insurance implications related to having an alternate office in my home. I understand it is my responsibility to determine whether this is the case, and I agree that any additional taxes or insurance costs will be my responsibility.
* I acknowledge that all provisions of company policies still apply while I am teleworking.

***I hereby affirm by my signature that I have read this Alternative Work Arrangement Agreement, and understand and agree to all of its terms. I further acknowledge that I may be subject to discipline, including termination, for violation of this Agreement.***

Employee Signature Date

**APPROVAL:**

I have reviewed the request and I [ ]  approve [ ]  deny this request:

Supervisor Signature Date

I have reviewed the request and I [ ]  approve [ ]  deny this request:

Executive Director Signature Date

***Forward completed form to Employee Services***

**[ORG]**

**ALTERNATIVE WORK SITE CHECKLIST FOR TELEWORKING**

***This form must be completed and submitted to Employee Services, along with the Alternative Work Arrangement Agreement***

***form, before a telecommuting/teleworking schedule can be implemented.***

Employee Name:Click here to enter text. Date:Click here to enter text.

Supervisor Name:Click here to enter text. Department: Click here to enter text.

Alternative Worksite Location :Click here to enter text.

Computer Service Number:Click here to enter text.

Describe the alternative work site:

Click here to enter text.

**Workplace Environment:**

Do you have a separate dedicated work area?  [ ] Yes [ ] No

Are temperature, noise, ventilation and lighting levels adequate for maintaining your normal

level of job performance? [ ] Yes [ ] No

Are all stairs with four or more steps equipped with handrails? [ ] Yes [ ] No

Are all electrical equipment free of recognized hazards that could cause physical harm (frayed wires,

bare conductors, loose wires, flexible wires running through walls, exposed wires to the ceiling)? [ ] Yes [ ] No

Are aisles, doorways and corners free of obstructions to permit visibility and movement? [ ] Yes [ ] No

Are file cabinets and storage closets arranged so drawers and doors do not open into walkways? [ ] Yes [ ] No

Are the phone lines, electrical cords, and extension wires secured under a desk or along side

a baseboard? [ ] Yes [ ] No

Is the office space neat, clean and free of excessive amounts of combustibles? [ ] Yes [ ] No

Is the site serviced with a smoke alarm and does it contain a fire extinguisher? [ ] Yes [ ] No

Are the floor surfaces clean, dry, level and free of worn or frayed seams? [ ] Yes [ ] No

Are the carpets well secured to the floor and free of frayed or worn seams? [ ] Yes [ ] No

Is there enough light for reading? [ ] Yes [ ] No

Have you secured child or other care for any dependents during the agreed upon work hours? [ ] N/A [ ] Yes [ ] No

**Workstation:**

Is your chair adjustable? [ ] Yes [ ] No

Is your back adequately supported by a backrest? [ ] Yes [ ] No

Are your feet on the floor or fully supported by a footrest? [ ] Yes [ ] No

Is your monitor and keyboard placed directly in front of your seating area? [ ] Yes [ ] No

Is it easy to read the text on your screen? [ ] Yes [ ] No

Do you have enough legroom at your desk? [ ] Yes [ ] No

Is your screen free from a noticeable glare? [ ] Yes [ ] No

Is the top of your screen eye level? [ ] Yes [ ] No

Is there space to rest the arms when not keying? [ ] Yes [ ] No

Does your desk have enough space on it for working materials? [ ] Yes [ ] No

Is your desk a comfortable work height? [ ] Yes [ ] No

Is your desk sturdy enough to safely support a computer? [ ] Yes [ ] No

**Hardware/Software:**

Do you have internet access? [ ] Yes [ ] No

Do you have a company cell phone or skype access? [ ] Yes [ ] No

Do you have a printer? [ ] Yes [ ] No

Do you have the minimum system capacity to meet work applications? [ ] Yes [ ] No

***I affirm that each of the foregoing responses is true and correct. I understand and agree that I am solely responsible for the safety of my own home and home office. I also understand that [ORG] has no responsibility for the safety of my home and home office.***

Employee Signature Date

**APPROVAL:**

I have reviewed the request and I [ ]  approve [ ]  deny this request:

Supervisor Signature Date

I have reviewed the request and I [ ]  approve [ ]  deny this request:

Executive Director Signature Date

***Forward completed form to Employee Services***

***cc IT Manager***

1. This does not prevent an employee from also requesting and receiving written approval from his or her supervisor for temporary or *ad hoc* teleworking arrangements due to unusual or unforeseen circumstances. All usual terms of a teleworking agreement would apply to such a circumstance. [↑](#footnote-ref-1)
2. Nothing herein changes [ORG] obligations and commitment to engaging in the interactive process with an employee seeking alternate work arrangements to accommodate a disability or health condition. Please be in touch with Employee Services if you believe that you have a condition that may qualify for additional time or days on an alternative work arrangement. [↑](#footnote-ref-2)