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	CHILD AND FAMILY SERVICES AGENCY Approved by: <u>Brenda Donald</u> Agency Director Date: <u>March 20, 2018</u>	REVISION HISTORY: October 31, 2012
	LATEST REVISION: July 13, 2017	
	EFFECTIVE DATE: March 16, 2018	

I. AUTHORITY	The Director of Child and Family Services Agency (CFSA) adopts this policy to be consistent with CFSA's mission and applicable federal and District of Columbia laws, rules and regulations, including the DC Official Code § 1-612.01 et. seq. (2006 Repl.) District Personnel Instruction 12-58, 6 DCMR §B1200, et. seq., and the Health Insurance Portability and Accountability Act (HIPAA), Security Rule, 45 CFR Part 160 and Subparts A and C of Part 164, and the Telecommuting General Information Guide, (Jan. 2008) Rev. 1-26-2012. <i>This Policy supersedes the Telecommuting Policy dated October 31, 2012.</i>
II. APPLICABILITY	This policy applies to all CFSA employees.
III. RATIONALE	Teleworking provides a flexible and innovative work arrangement for employees, and enables employees to perform their assigned work at an alternative worksite, including their homes, which eliminates the need for employees to commute daily to their offices. Research studies indicate that telecommuting can increase employee morale, productivity, and retention rates. It is also expected that Telecommuting can maximize the effectiveness of both the Continuity of Operations Plan (COOP) and the Information Security Contingency Plan. Therefore, CFSA expects that implementation of a policy will enhance the overall capacity of its workforce to achieve the desired outcomes as set forth by CFSA's mission and vision.
IV. POLICY	<p>CFSA's policy is to avail a formal Telework Program that is available for all employees and that would further meet the evolving needs of the workforce without diminishing employee performance.</p> <p>As applicable and based on unique criteria relative to the position, and/or scope of work that an administration, unit or division performs, exceptions and/or exclusions may apply.</p> <p>An employee's participation is voluntary unless otherwise mandated due to extenuating circumstances. Those who qualify to participate in the program according to the guidelines detailed below may telework for no more than two days per work week.</p> <p>Employees are not entitled to or guaranteed the opportunity to Telecommute. The agency's Program operates at the discretion of the Agency Director or designee (personnel authority) and may cease to operate at any time. Informal arrangements are prohibited.</p>

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	Decisions pertaining to an employee's participation in the program at CFSA shall be based on the criteria established and shall not violate any employee rights as provided under the District's personnel laws, regulations and/or applicable collective bargaining agreements. Actions by supervisors shall not be frivolous, discriminatory, retaliatory, arbitrary or capricious.
V. CONTENTS	A. Position Criteria B. Employee Eligibility Criteria C. Roles and Responsibilities of The Supervisor D. General Requirements E. Agreements F. Modifications or Terminations of Agreements G. Decisions (Approvals and Denials) H. Appeal Process I. Equipment Requirements J. Responsibilities of The Agency Coordinator (ATC)
VI. ATTACHMENTS	A. CFSA Computer Requirements and Recommendations B. Request Status Report C. Application to Participate in Telecommuting Program D. Telecommuting Work Agreement E. Request for Review of Application
VII. SECTIONS	Section A: Position Criteria Positions best suited for telework are positions in which the following criteria apply: <ol style="list-style-type: none"> 1. Job tasks are quantifiable, primarily project or direct-service oriented, telephone intensive, or computer-oriented. 2. Assigned work activities can be accommodated working away from the central worksite with equal efficiency as if they were performed at the central worksite. 3. Daily unscheduled face-to-face contact with other employees, supervisors, or the public is not required in the current work location. 4. Meetings can be scheduled without inconveniencing or impairing the performance of co-workers.
	Section B: Employee Eligibility Criteria <ol style="list-style-type: none"> 1. Employee eligibility shall be based on the following: <ol style="list-style-type: none"> a. The applicant must be a CFSA employee. b. The employee must be in a position that has roles and responsibilities that are appropriate for telecommuting. c. The employee must ensure compliance with HIPAA policies and procedures. d. A new hire to CFSA shall be eligible to telework within 90 days or once fully acclimated into work. Supervisors shall have the discretion to make this determination. 2. In accordance with the District's policy, employees must be able to perform at the level of a "Valued Performer" or equivalent before teleworking.

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	<ol style="list-style-type: none"> 3. Employees must satisfy the minimum personal computer requirements (<i>Attachment A</i>). 4. An employee cannot be under a performance improvement plan or any performance related disciplinary action at the time of the application (for example, suspensions or corrective action plan). 5. Where a position and/or unit's position description is substantively changed in areas of duties and/or physical requirements, the employee(s) may then apply for telework.
	<p>Section C: Roles and Responsibilities of The Supervisor</p> <ol style="list-style-type: none"> 1. A supervisor shall consider the following "characteristics" in determining whether the nature of the work is suitable for telework: <ol style="list-style-type: none"> a. Needs of the administration b. Level of supervision required for the specific work c. Amount of face-to-face contact required with other employees d. Extent to which telephone communications can be relied upon to complete job duties e. In-office reference materials or computer network data files needed to competently perform the job 2. In determining whether the employee's personal work habits are suitable for telework, the following shall be considered: <ol style="list-style-type: none"> a. Amount of supervision or frequency of feedback needed b. Quality of organization and planning skills c. Importance of co-workers' input to work function d. Amount of discipline required concerning duties e. Reliability concerning work hours f. Desire or need to be around people g. Desire or need for flexibility for any reason h. Quality of work performance or productivity 3. In determining whether an employee can continue participating in the telecommuting program, supervisors shall complete a "request status report" every 6 months (<i>Attachment B</i>).
	<p>Section D: General Requirements</p> <ol style="list-style-type: none"> 1. Employees must fill out the Teleworking Application (<i>Attachment C</i>). 2. Employees are agents of the District of Columbia and are expected to adhere to CFSA and District policy, as well as all federal and District, laws while working at alternative worksites. 3. Telework shall be limited to no more than two days per work week, and shall not be combined with an "Alternative Work Schedule" unless otherwise approved by the personnel authority, agency director, or designee pursuant to District policies concerning "situational teleworking". 4. If approved, then teleworkers are required to complete the online PeopleSoft training before starting telework.

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	<p>5. Days may not be supplemented or moved when a holiday or District closure/declared state of emergency occurs.</p> <p>6. Telework shall not serve as a substitute for child or adult care.</p> <p>7. Telecommuting employees shall observe all pertinent time and attendance, leave, and pay regulations and policies. Overtime and compensatory time, exempt time off or scheduled leave on approved days shall require advance approval under existing procedures and or policies.</p> <p>8. Telecommuting employees shall be as accessible while teleworking as they would be at the central worksite. Employees shall have a return response time of one hour for both telephone calls and e-mails that warrant a response.</p> <p>9. An employee currently under an agreement may be required to report back within 2 hours to the central worksite as needed by management to perform work relative to their position.</p> <p>10. Work performed at the alternative worksite shall be performed with the same degree of professional etiquette as work performed at the central worksite.</p> <p>11. Confidentiality of CFSA and client sensitive information shall be maintained at all alternative work sites, consistent with CFSA's expectations of information asset security for employees working at the central worksite and in accordance with federal and District laws, regulations and CFSA policies.</p> <p><i>Note: Under no circumstances shall an employee ever save or copy FACES, placement, service provider or client information on a portable storage device (such as a compact disk or flash drive) unless the data is encrypted and password protected.</i></p> <p>12. Employees shall immediately notify their supervisor of any accident or injury that occurs at the alternative worksite during the course of the scheduled work period and shall complete an unusual incident report to the agency Risk Manager.</p> <p>Situational Telecommuting:</p> <p>1. Unlike routine telework, which is part of an employee's regularly scheduled tour of duty, situational telework is a temporary arrangement (of no more than three (3) consecutive workdays) that is also approved by the employee's supervisor in writing. Though temporary, a supervisor may, at his or her discretion, limit the number of instances in which an employee may utilize situational telework over a period of time.</p> <p>2. While not limited to the following, examples of situational telework include doing so for the purpose of completing a project or report; due to an injury or illness; due to a home repair emergency; or, for activated emergency employees, due to a declared emergency. Below are general descriptions of the situational telework options:</p> <p style="padding-left: 40px;">a. Special Project or Report: On occasion, an employee may have a short-term need for an uninterrupted period of time to complete work on a complex project or report.</p>
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	<ul style="list-style-type: none"> b. Illness or Injury: An employee recovering from an illness or injury who is temporarily unable to physically report to his or her official work site, but is physically and mentally capable of performing his or her official duties remotely, may be approved for situational telework. c. Home Repair Emergency: If an employee needs to be home for maintenance or repairs, situational telework may be approved provided the employee can carry out his or her duties remotely and the employee's involvement in the maintenance and repair is incidental. For example, an employee may be approved for situational telework to be present for an electrical repair emergency or for a delivery of equipment for a heating repair emergency. However, an employee may not be approved to assist his or her sister or brother in painting a bedroom. d. Case-by-Case Basis: On a case-by-case basis, a supervisor may allow an employee to use situational telework in instances other than those referenced above. In these cases, employees continue to be restricted to a maximum of three (3) consecutive days, except during declared emergencies. <p>3. Situational telework may be used separately from routine telework. This means that an employee may submit the application and the telework agreement (for situational telework) to the appropriate agency staff for approval even if he or she was not previously approved for routine telework.</p>
	<p>Section E: Agreements</p> <ul style="list-style-type: none"> 1. Employees and supervisors must sign the Telecommuting Work Agreement (<i>Attachment D</i>). 2. Agreements shall be administered and established as follows: <ul style="list-style-type: none"> a. A new agreement may be required if there are any significant changes to the employee's position (for example, re-classification/change in function/scope of duty). b. An agreement may require a modification as provided in section F of this policy. c. If there is any other change to the agreement, then this shall be captured as a modification per Section D and F of this policy. 3. Requests to engage in telework must: <ul style="list-style-type: none"> a. Be signed by the employee. b. Be approved in writing and in advance by the employee's supervisor. c. Verify that the position, during the period which an employee will telework and the telework arrangement comply with the conditions requiring CFSA to submit its annual report. <i>See Section J.</i> 4. Positions best suited for telework are those that: <ul style="list-style-type: none"> a. Have job tasks that are quantifiable, primarily project-oriented or case-work-oriented, telephone intensive, or computer-oriented; or have work activities that can be accommodated working away from the current work location with equal efficiency as if being performed at the official work site.
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	<ul style="list-style-type: none"> b. Do not require daily unscheduled face-to-face contact with other employees, supervisors, or the public in the current work location. c. Allow meetings to be scheduled without inconveniencing or impairing the performance of co-workers.
	<p>Section F: Modifications and Terminations of Agreements</p> <ol style="list-style-type: none"> 1. Approved Agreements may be modified or terminated at any time by the employee supervisor. 2. An employee wishing to modify or terminate the Agreement shall submit a written request to the supervisor. The supervisor shall approve or deny the request within five business days of submittal. 3. Whenever the employee's supervisor determines that the agreement is to be terminated, then the employee and the appropriate labor management organization shall be given at least two weeks written notice of the termination, whenever possible. A supervisor shall document instances where emergency circumstances prevented such notification to the employee and the appropriate labor management organization. 4. The employee may appeal to the Telework Appeal Panel if he or she does not agree with the decision. (For more information about the appeal process). See <i>Section H</i>. 5. The supervisor is to provide written justification for any decision to modify or terminate an employee's participation in the Program. 6. The following are some examples of appropriate reasons for modifying or terminating an Agreement: <ul style="list-style-type: none"> a. The participant is reassigned to another supervisor, unit or administration. b. The participant is reassigned to a different position. c. The participant no longer satisfies the CFSA computer requirements (<i>Attachment A</i>), or the terms of the Agreement. d. The participant's productivity decreases in quantity or quality, or negatively impacts CFSA's output. e. The participant receives an official performance rating that is different from the last performance rating. f. Changes in staffing or workload within the participant's unit warrant modification or termination of the agreement. g. Assignments or projects are not completed within the agreed-upon timeframes (if the delays are within the participant's control). h. Assignments or projects change. i. The participant fails to be accessible either by telephone or e-mail during the agreed-upon work schedule, or other similar reasons. j. A determination is made that assignments or projects contain sensitive or confidential information that would create an

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	unacceptable risk in a telecommuting agreement, or actions taken by the employee result in a violation of the HIPPA policies and procedures or other applicable security or Privacy Act requirements.
	<p>Section G: Decisions (Approvals and Denials)</p> <ol style="list-style-type: none"> 1. An eligible employee shall complete the “Application” and forward the original (signed and dated) to his or her immediate supervisor for review and signature. 2. The employee’s supervisor shall review and render a final recommendation regarding the employee’s application within five business days of its submittal. 3. In the event that a recommendation is not rendered within the prescribed time, the employee may escalate their request to the next appropriate supervisor within the employee’s chain of command. 4. If the request is approved, then an “Agreement” shall be completed and signed by the employee and the supervisor. 5. If the request is denied, then the supervisor shall provide a written justification for the denial in Section B of the Application. 6. Under the following circumstances a management official has the authority to deny an employee’s participation in the Program (circumstances must be documented): <ol style="list-style-type: none"> a. CFSA or a program within CFSA would be substantially disrupted from carrying out its functions b. CFSA would incur additional costs because of an employee’s participation c. The employee receives an official performance rating of “Marginal” or “Needs Improvement” (or the equivalent performance rating) d. The employee is under performance related disciplinary action at the time of application (e.g., suspension, performance improvement plan, or corrective action plan) e. The employee is unable to satisfy the CFSA computer requirements in <i>Attachment A</i>, or the terms of the Agreement f. Other reasons as provided in writing by the management official
	<p>Section H: Appeal Process</p> <ol style="list-style-type: none"> 1. An employee may appeal a supervisor’s decision to deny, modify or terminate an Agreement to the Telework Appeals Panel (TAP). However, an employee may not appeal where the Director has determined that a position and/or unit are inappropriate for telework because participation will adversely impact operations. 2. The employee(s) shall complete a Request for Review of decision and forward to the Agency Telework Coordinator (ATC) within the CFSA Human Resource Administration (within 5 business day of denials, modifications or terminations).

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	<ol style="list-style-type: none"> 3. The ATC shall activate the TAP, and formally address the employee's request within five business days of receipt of the completed written notification (the Request for Review of Application) from the employee (<i>Attachment E</i>). 4. Employees who are appealing a modification or termination of an existing Agreement shall maintain their current teleworking scheduling pending the outcome of the Director's final decision. 5. The TAP's recommendation shall be rendered within 10 business days of receipt of the employee's appeal request from the ATC, and shall be submitted to the agency director for final decision. 6. The agency director shall consider all facts relative to the request for telework, the appeal, review the recommendation of the TAP, and render a final decision within 10 days of date of decision from the TAP. 7. The decision of the agency director shall be final and not subject to further appeal. 8. Where the Director approves or denies the employees appeal, the change to the employee's telework agreement must be implemented within 10 business days.
	<p>Section I: Equipment Requirements</p> <ol style="list-style-type: none"> 1. Specialized material or equipment needed to participate in the Program should be minimal. As this is a voluntary program, employees requesting to telework are required to have the equipment necessary to perform their normal duties, including a computer with access to high-speed internet, and, if applicable, a facsimile machine. 2. Equipment supplied by the employee shall be maintained by the employee. CFSA accepts no responsibility for damage or repairs to employee-owned equipment. CFSA also reserves the right to make determinations as to recommended equipment and software, subject to change at any time.
	<p>Section J: Responsibilities of The Agency Telework Coordinator (ATC)</p> <ol style="list-style-type: none"> 1. An Agency Telework Coordinator (ATC) shall be appointed within the Human Resources Administration. The person in this role shall act as the agency level liaison to the District's Department of Human Resources (DCHR) and shall ensure that the program is operating within the parameters of the established District and Agency policies and procedures. 2. The incumbent in this role, shall also be responsible for the following: <ol style="list-style-type: none"> a. Disbursing, receiving and collecting telework documentation b. Maintaining an electronic list of participants c. Ensuring that supervisors and employees meet periodically to review the status of the agreement

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	<ul style="list-style-type: none"> d. Providing guidance to employees throughout the Agency regarding CFSA's Program e. Ensuring that training on the Program is provided as needed or required for participation and compliance f. Preparing relevant data and narrative information for the annual Program Status Report to be submitted to DCHR g. Prepare relevant data and narrative on CFSA's Telework Program for inclusion in CFSA's Annual Report which shall include: <ul style="list-style-type: none"> i. The name, grade, step, and position title of each employee approved to telework; ii. The total number of days each employee is authorized to telework per workweek; iii. The total number of employees working under an approved telework agreement; iv. The number of employees that completed the required telework training; v. The number of telework agreements terminated and the reason(s) for the termination; vi. The number of telework applications denied and the reason(s) for each denial; and vii. A description of any employee or group of employees excluded from participating in telework and the reasons for such exclusions
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CFSA COMPUTER REQUIREMENTS AND RECOMMENDATIONS

1. Recommended Computer Requirements:

- a. Intel® Core™ 2 Duo Processor E6850 (3.0GHz, 4M, VT, 1333MHz FSB)
- b. SYSTEM OPTIONS
 - i. Operating System(s): Windows® XP Professional, SP2, x32, with Media, English
 - ii. Memory: 1.0GB DDR2 Non-ECC SDRAM, 667MHz, (1DIMM)
 - iii. Video Card: Integrated Video, Intel® GMA3100
 - iv. Port Adapter: None
 - v. Controller Options: None
 - vi. Monitors: Analog/VGA/DVI
 - vii. Keyboard: Multimedia Keyboard
 - viii. Mouse: Mouse
 - ix. Boot Hard Drives: 160GB SATA 3.0Gb/s and 8MB Data Burst Cache™
 - x. Floppy Drive and Media Reader: 1.44MB 3.5 Inch Slimline Floppy Drive
 - xi. Removable Media Storage Devices: 8X Slimline DVD+/-RW Roxio Creator™ CyberlinkPowerDVD™

2. Recommended Software for Optimal FACES.net Performance:

- c. Intel Core2 Duo, 3.00 GHz, 4 GB RAM
- d. Windows 7 Professional / Home Edition
- e. Internet Explorer 8
- f. Adobe Acrobat Reader 9.0 – required for viewing reports that are printed in .pdf format
- g. Microsoft Office 2007 or Word Viewer. This is required to view reports/forms printed in .doc format
- h. Fax Viewer (Windows Fax Viewer) – only required for those PCs that need to view scanned documents.

3. Requirements for Personal Computers:

- i. Anti-virus software per CFSA HIPAA Virus Protection Policy High speed internet connection



GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency
REQUEST STATUS REPORT

The following status report is designed to assess the overall performance of the Telecommuting program. Each supervisor should complete a status report every 6 months on each participant in the program under their direct supervision. Upon completion the report should be submitted to the Agency Telecommuting Program Coordinator in Human Resources.

Supervisor's Name: _____ Agency/Division: _____

Position Title/Series/Grade: _____

Name of Telecommuter you supervise: _____

Report Period: From: _____ To: _____

Commuting Miles per Day (Round Trip): _____

Please answer the following questions:

1. On the days your employee telecommuted, did he/she communicate with you for assistance or direction? If so, what were the reasons for the communication? Check all that apply:

Yes

No

☐ a. General work direction or questions

☐ b. Employee needed information to do work

☐ c. Equipment problems

☐ d. Schedule problems or changes

☐ e. Requested leave for personal illness

☐ f. Requested vacation leave

☐ g. Requested any other type of leave

☐ h. Other(s) (please specify):

2. Did you notice any change in your employee's productivity during this report period? If so, what was the nature of the change? Check applicable answer:

☐ a. No change

☐ b. Increase in productivity than usual

☐ c. Decrease in productivity than usual

3. As a supervisor, did you experience any problems as a result of Telecommuting? Check all that apply:

	RATE (low to high)				
	1	2	3	4	5
(a) Communication with Telecommuter was difficult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Scheduling meetings or conferences was difficult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Complaints from co-workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Complaints from colleagues outside of work unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) Complaints from public or officials from outside of agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) Employee didn't work hours he/she was scheduled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(g) Employee worked too long while Telecommuting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(h) Unsure how much Telecommuter accomplished	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(i) Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Indicate whether you noticed any of the following advantages? Check all that apply:

	RATE (low to high)				
	1	2	3	4	5
(a) Other employees could use the Telecommuter's space and equipment during the day he or she was not present.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Improvement in Telecommuter's demeanor towards work assignments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Telecommuter was able to work even though he/she was mildly ill.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Telecommuter used less vacation time than might have been expected.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) Other (please specify): _____					

General comments (optional): _____



GOVERNMENT OF DISTRICT OF COLUMBIA
Child and Family Services Agency
APPLICATION TO PARTICIPATE IN TELECOMMUTING PROGRAM

Name: _____ Agency/Division: _____

Position Title/Series/Grade: _____ Supervisor: _____

Home Location: _____ Home Phone: _____

Official Duty Station Location: _____

Miles from Office to Official Duty Station: _____

1. Briefly describe your current job responsibilities.

2. Review the below job characteristics and then rate each according to your current job requirements. Place a \sqrt mark for each job requirement based on the level of importance (high or low).

Job Requirements	High	Low
1. Ability to control and schedule work		
2. Clear and understandable work assignment objectives		
3. Work Autonomy		
4. Concentration required		
5. Personal computer or terminal work		
6. Amount of face-to-face interaction required		
7. Amount of telephone communications required		
8. Amount of in-office reference materials required		
9. Amount of data security required		

(High ratings for items 1 - 5 and low ratings for items 6-9 indicate the likelihood that the job is compatible with a Telecommuting arrangement.)

3. Briefly describe how you meet the criteria to participate in the Telecommuting Program.

4. How will Telecommuting assist you in meeting the goals and needs of your work unit and the Agency, as well as benefit the District government?

5. How often would you want to Telecommute? Check one:

1 day a workweek ☐ 2 days a workweek ☐

6. Specify the types of assignments/projects you expect to complete while Telecommuting.

Employee's Signature _____ Date _____

B. This section is to be completed by the Supervisor. Place a √ mark in the appropriate box (es) below

Job Requirements	Yes	No
1. Is frequent face-to-face contact with clients/coworkers vital in order to complete task(s) or activities listed in question 6 of this form?		
2. Is frequent supervisory review, while work is in progress, required as a routine part of tasks(s) or activities listed in question 6 of this form?		
3. Would security or technical reasons prevent information from being used outside of the work environment?		
4. Was the most recent official performance rating below "Meets Expectations" or "Satisfactory?"		
5. Will sensitive information be processed or transmitted in clear text over		
6. Are there other concerns that might adversely affect the employee's participation in the Telecommuting Program?		

Answering "YES" to any of the above questions may result in the application being disapproved. The supervisor should explain, in writing, any "YES" answers below:

Supervisor's Final Recommendation:

☐ Approve ☐ Disapprove (**If the recommendation is to disapprove request, specify reason(s) below**)

Print Name: _____

Signature: _____

Date: _____



GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency
TELECOMMUTING WORK AGREEMENT

This employee hereby requests permission to participate in the Telecommuting Program in order to perform assigned job duties at a secondary worksite, other than the official work station on certain days during Employee's tour of duty, and will abide by the following terms.

I. TERMS

1. If Employee's application is approved to participate in the Telecommuting Program, Employee agrees to act in accordance with this Telecommuting Work Agreement (Agreement) and all applicable rules and regulations of the Agency and District of Columbia government.
2. Employee acknowledges and agrees that Employee's failure to comply with the terms of this Agreement and all applicable rules and regulations (pertaining to employee conduct) of the Agency and District of Columbia government may result in termination from the Telecommuting Program.
3. Prior to commencing Telework under the Telecommuting Program, Employee will meet with Employee's supervisor to receive assignments or projects and to review completed work as necessary and appropriate. Employee will complete all assigned work according to work procedures, as directed by Employee's supervisor, and according to guidelines and expectations stated in Employee's performance plan.
4. Employee's supervisor will evaluate Employee's job performance in accordance with Employee's performance plan.
5. Employee agrees to limit performance of Employee's officially-assigned duties to assignments or projects approved by Employee's supervisor at the Alternative Worksite. Employee must also be able to respond to any work-related voice mails or electronic mails by close of business or within 24 hours from receipt of the same or within 1 hour if warranted as stated in Telework Policy Section D.
6. Employee will apply approved safeguards to protect Agency or District government records from unauthorized disclosure and damage. While working at the Alternative Worksite, Employee will comply with the applicable privacy requirements set forth in District law, personnel regulations, and Agency policies and procedures.

II. COMPENSATION AND BENEFITS

1. Employee will continue to work in a pay status while working at Employee's Alternative Worksite. All salary rates leave accrual rates, and travel entitlements will remain as if Employee performed all work at Employee's official duty station.
2. Employee understands that overtime work must be approved, in advance, by Employee's supervisor. If Employee works overtime that has been approved in advance, Employee will be compensated in accordance with applicable D.C. personnel regulations, laws, orders, Agency policy and, where applicable, the terms of the collective bargaining agreement.
3. By signing this Agreement, Employee agrees that failing to obtain approval for overtime work may result in his or her removal from the Telecommuting Program or other appropriate action.
4. Employee must obtain supervisory approval before taking leave in accordance with established office procedures. By signing this Agreement, Employee further agrees to follow Agency procedures for requesting and obtaining approval of leave.

III. EQUIPMENT/EXPENSES

1. If Employee uses Agency equipment, Employee agrees to protect such equipment in accordance with predetermined Agency guidelines. District government-owned equipment will be serviced and maintained by Agency.
2. If Employee provides equipment, Employee is responsible for servicing and maintaining it.
3. Neither Agency nor the District government will be liable for damages to Employee's personal or real property during the course of performance of official duties or while using District government equipment at the Alternative Worksite.
4. Neither Agency nor the District government will be responsible for operating costs, home maintenance, or any other incidental cost (e.g., utilities) associated with the use of Employee's residence as an Alternative Worksite.

IV. SAFETY

1. Management may deny participation in the Telecommuting Program or rescind this Agreement based on verified safety problems or threats in the Alternative Worksite. For the sole purpose of the Telecommuting Program and provided Employee is given at least 48-hours advance notice, management may inspect Employee's home worksite at periodic intervals during Employee's normal working hours. If Employee is in a position represented by a labor organization, Employee may request that a labor representative accompany the Telecommuting Program Coordinator or Agency Head, on an Alternative Worksite visit.

2. Employee is covered by, and subject to, the appropriate provisions of the District of Columbia Public Sector Worker's Compensation Program, as appropriate, if injured while performing official duties at the central worksite or Alternative Worksite. Employee will immediately notify Employee's supervisor of any work-related injury that occurs while Employee is working at the Alternative Worksite. Employee's supervisor will investigate all accident and injury reports immediately following notification.

V. INDEMNIFICATION

Employee shall indemnify and hold harmless the District government, its employees, agents and officers from any and all liability for personal injury or any claim for compensation whatsoever, except for any Employee's injury (ies) covered by the District of Columbia Disability Compensation Program, which action or claim may be filed against the District government, its employees, agents or officers, arising from any incident that occurs while Employee is working at any Alternative Worksite. This indemnification provision shall be null and void in the event Employee is not approved for participation in the Telecommuting Program. If Employee's application is approved, but subsequently terminated, the indemnity provision shall no longer be in effect after the last day on which Employee was allowed to participate in the Telecommuting Program.

VI. INITIATION AND TERMINATION OF AGREEMENT

1. Employee agrees to satisfactorily complete the Agency's training for the Telecommuting Program.
2. In the event that Employee requires access to Employee's official duty station desktop computer, Agency may, but will not be obligated to, make provisions for remote computer access.
3. Employee agrees to adhere to this Agreement and all other applicable Agency and DC government personnel laws, guidelines, orders, and policies.
4. Employee may terminate participation in the Telecommuting Program at any time, subject to the terms of the Agreement. Employee shall provide at least two weeks' advance, written notice to the Agency of the Employee's intent to terminate the Agreement. When feasible, Agency will use reasonable efforts to provide two weeks' advance notice to Employee, but is not required to provide such notice.
5. Agency may terminate Employee's participation in the Telecommuting Program at any time for reasons that include, but are not limited to, Employee's performance and the Agency's organizational or operational needs.
6. At specified times, Employee's supervisor and Employee will complete surveys to evaluate the Telecommuting Program.
7. By signing below, Employee acknowledges receiving a copy of the D.C. personnel regulations on Telecommuting.

VII. ALTERNATIVE WORKSITE INFORMATION

Employee's Alternative Worksite address and telephone number:

(Address)

(City, State, and Zip Code)

(Phone Number)

By signing this Telecommuting Work Agreement, parties agree to abide by all of the terms and conditions of the Telecommuting Work Agreement.

AGREED TO BY:

Employee Print Name: _____

Signature: _____ Date: _____

Supervisor Print Name: _____

Signature: _____ Date: _____



GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency
REQUEST FOR REVIEW OF APPLICATION

All Requests for Review of Application must be submitted to the Agency Telework Coordinator (ATC) within the CFSA Human Resource Administration (within 5 business day of denials, modifications or terminations). The review application must include a detailed justification substantiating the request for reconsideration.

Review Levels:

- ☐ Telework Appeals Panel (TAP).
- ☐ Agency Director's decision is final.

Employee Information

Employee Name _____ Title _____

Administration _____ Supervisor _____

Check List:

Required Documentation	Yes	No
1. Denied Application		
2. Supervisor written Justification Letter		
3. Request for Review of Application form		
4. Employee written Justification of reconsideration		

Employee Signature

Date

This section is to be completed only by the Agency Head (or designee):

Approving Official:

- ☐ Approved ☐ Denied (Specify reason(s) below):

Signature _____ Date _____

Print Name: _____