Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**Southeast Health Group**

**Telework Criteria**

1. *Telework Request Form*, signed by Employee, Supervisor, and Human Resources (HR), is required of all staff with an ongoing telework (full/partial) schedule. This document will be maintained in Employee’s Personnel File. Program approval does not alter the At Will nature of employment at SHG, nor should it be construed as an employment contract.
2. Employee and Supervisor understand the request to telework – on a full or partial basis – is initiated voluntarily by Employee. Should Employee wish to transfer to full onsite work at any time for any reason, Employee may do so by giving Supervisor appropriate and adequate notice. Under certain circumstances SHG may designate Employee to telework due to business necessity.
3. Employee and Supervisor understand teleworking is a privilege and not to be considered an entitlement or guarantee. Should Supervisor wish to transfer Employee to onsite work at any time for any reason, this may be done by providing Employee appropriate and adequate notice.
4. Teleworking is not an automatic opportunity for all SHG staff. Certain positions/duties are not conducive to being done remotely. Also, certain individuals may not possess the attributes necessary for remote work. Thus, the opportunity to telework is at SHG’s sole discretion.
5. Employee will receive a base location(s) correlating to the SHG facility where a majority of duties are (or would be) performed. Any travel to and from Employee’s home to a base location is deemed commute time and therefore not compensable, nor is mileage reimbursed. As commute time is not considered work time, a nonexempt Employee is required to clock out for a minimum of 15 minutes for each one-way commute.
6. Program effective date, reflected on the *Telework Request Form,* will remain in effect until a cancelation request is received from Employee or Supervisor. Employee understands SHG is not responsible for any transitional costs/damages/losses incurred by Employee.
7. Employee understands the following will not change while teleworking:
   1. **Salary, duties, and benefits**, except as they might have changed if working onsite.
   2. **Work-related expectations**,including, but are not limited to, productivity level, acceptable performance (i.e. accuracy, timeliness), acceptable conduct and professionalism, and proper relationships with others.
   3. **Work hours.** Employee may be required to work certain core hours, similar to a typical onsite schedule. During these core hours Employee will need to be accessible (i.e telephone, email, virtual meetings). Teleworking is not a substitute for child/adult dependent care; Employee will not be available during scheduled work hours to provide dependent care. In addition, other personal activities are to not be conducted during work hours (i.e. pet care, home repairs, household chores, accepting visitors). Should a nonexempt Employee anticipate the need for overtime, Employee is to follow typical approval process per *Employee Guidelines*.
   4. **Employee may be required to report onsite** for certain duties, meetings, trainings, events, and other activities, including mandatory activities.
   5. **Standard vs Nonstandard schedule.** This request is strictly related to Employee’s location of job duty performance while working a standard schedule, which is 5 days/week (FT/40) or 4 or 5 days/week (FT/30). If interested in a nonstandard schedule, Employee is to submit a *Nonstandard Schedule Request Form*.
   6. **Compliance with Employee Guidelines and all SHG policies and procedures.** Employee understands certain violations may result in exclusion from teleworking and, depending on severity, may result in discharge. **Continued**

**SHG Telework Criteria, page 2**

1. Employee agrees to assist with any study, inquiry, report, or other telework analysis request.
2. Employee responsible to provide the following at his/her expense:
   1. Broadband internet service – technology must meet necessary requirements in order to complete tasks in an effective and timely manner
   2. Phone and Utilities
   3. Furniture-equipped room in a private and quiet location, free from distraction
   4. Miscellaneous office supplies – certain consumables, such as paper and toner, may be provided by Employer; Employee is to contact Supervisor with supply request
3. SHG will provide the following at agency expense:
   1. Laptop
   2. Necessary software
   3. Other applicable equipment necessary for teleworking
   4. Insurance and maintenance on provided items

Employee is to immediately report to IT any damage to – or malfunction of – agency property.

Any item provided by SHG remains property of SHG and must be returned upon request or at separation of employment. SHG property should be used for SHG assignments only, not duplicated, and not used by any individual other than Employee. Should property not be returned, Employee agrees to be financially liable for the replacement value or fair market value, whichever is higher.

1. Employee agrees to designate a private workspace within Employee’s home, compliant with HIPAA privacy and security regulations (i.e. use of locked cabinet). Client related and non-client related confidential information is be utilized electronically; no hard copy version is be taken to the home office. Employee agrees to maintain this workspace appropriately (i.e. safe and ergonomically-sound condition, free from clutter and other hazards). Employee may be required to submit photos – providing an appropriate and accurate reflection of the workspace – to Supervisor for approval prior to implementation. When engaged in video meetings/services, Employee and workplace are to appear tidy, clean, and professional. Any agency materials (i.e. informational materials, office supplies) are to be secured in the workspace and not be made accessible to others. Employee understands SHG may make on-site visits to the workspace (with advance notice, if possible) to confirm safety/privacy level and to maintain/repair/inspect/retrieve agency equipment/data/supplies. In the event legal action is required to regain possession of SHG property, Employee agrees to pay/reimburse all costs incurred by SHG, including attorney’s fees, should SHG prevail.
2. Employee understands SHG procedures are to be adhered to while teleworking, including *Drug & Alcohol Procedures* requiring Employee be free from alcohol or illegal drugs in his/her system during all work hours. Teleworker remains subject to drug testing requirements (i.e. random, post-accident, reasonable suspicion).
3. Employee is responsible to maintain a safe, secure, efficient, and effective home office, free from hazards and distractions. Employee understands governmental standards indicate the following:
   1. OSHA will not conduct safety inspections of home offices;
   2. OSHA does not expect employers to conduct safety inspections of employees’ home office; and
   3. OSHA will not hold employers liable for the safety of employees’ home offices.

Basically, the Employee, not SHG, is responsible to maintain a safe home office environment. Should Employee have a safety-related concern about the home office and/or equipment (agency/self-provided), Employee is to contact Supervisor and IT immediately.

**Continued**

**SHG Telework Criteria, page 3**

1. SHG will be responsible for any work-related injuries/illnesses under Colorado Workers’ Compensation Act regulations, limited to injuries/illnesses resulting directly from work occurring in the designated workspace (and not due to failure to maintain a safe workspace). Any claim will be handled by following the typical agency process per *Employee Guidelines*.
2. Employee understands clients and work-related guests – other than SHG staff during an onsite visit – are not allowed; clients/guests are strictly to be seen onsite at a SHG facility. For this reason, Employee assumes liability for injuries to household members and others in the home, including in the workspace. Employee agrees to indemnify and will hold SHG – and anyone associated with SHG – harmless from and against any such claims and related activities.
3. Should SHG be closed for business for any reason (i.e. inclement weather), teleworking Employee is to follow this same directive, even if s/he is not experiencing the same issue prompting closure. If applicable, Employee will be eligible for paid Closure leave.
4. Should SHG be open for business and the teleworking Employee experience an inability to perform work for any reason (i.e. work is internet-based with no internet access), Employee is to contact Supervisor and do the following: work onsite; rearrange work schedule using Flex Time; and/or request available leave accrual (i.e. vacation, floating holiday).
5. It is Employee’s responsibility to determine any tax implications of maintaining a home workspace. SHG will not provide tax guidance nor assume any tax liabilities. Employee encouraged to consult with qualified tax professional to discuss income tax implications.
6. Employee assumes responsibility to stay personally informed and connected with Supervisor, team members, and other agency staff as needed. This may involve a heightened effort toward continual and effective communication, including the use of telephonic, electronic, video-based programs, and other such tools. Should Employee feel isolated, uninformed, and/or disengaged, Employee should contact Supervisor for guidance and work cooperatively toward an effective solution.
7. Office space for teleworkers may be communal, rather than private, and require a heightened level of communication and cooperation between coworkers
8. Employee understands self-care measures enhance the telework experience and are vital to success. Examples of self-care include, but are not limited to, the following:
9. Limit distractions (i.e. stay focused on the task at hand)
10. Set up good conditions (i.e. comfortable chair/temperature, tools/information handy)
11. Stay focused with daily goals – self accountability is a must
12. Take breaks (i.e. stand/walk periodically during the day, take a relaxing lunch break)
13. Stick to a routine – or develop a new one if the current one is not working well
14. Stay social – connect with coworkers virtually or in person
15. Stay accessible – be conscience of the time, as this is required during core hours
16. Over-communicate (i.e. extra clarity when emailing)
17. Be respectful, positive, and transparent
18. Clearly separate on-work and off-work time – this benefits everyone involved

**12/2020**



**Southeast Health Group Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telework Request Form 12/2020**

**Initials**

**\_\_\_\_** 1. I hold a SHG position, am in Good Standing with the agency, and wish to request to telework

(fully or partially) out of my home office on an ongoing basis.

**\_\_\_\_** 2. I understand my job duties, responsibilities, productivity requirements, hours per week, and

other job-related factors remain the same as if I were working onsite, including those listed

on the back if I hold a clinical/direct care position at the agency.

**\_\_\_\_** 3. I understand teleworking is to not interfere in competent, timely, and appropriate performance of

my job duties. Should I experience any issues, I am required to contact my Supervisor in a

timely manner to discuss the situation.

**\_\_\_\_** 4. Unless considered a job requirement, I understand the allowance to telework can be canceled by

SHG or myself at any time and for any reason by providing notice.

**\_\_\_\_** 5. I understand I may be required to report onsite for certain duties, meetings, trainings, events,

and other activities.

**\_\_\_\_** 6. I understand I am responsible to supply the following: reliable internet and phone service; a

private, furnished home office (where client/other agency-related information can be kept

confidential); and certain office supplies.

**\_\_\_\_** 7. I understand I may not have a designated on-site office. Should I have an on-site office, it may

be a shared communal office with coworkers of the agency’s choice.

**\_\_\_\_** 8. I wish to work remotely at my home residence as follows:

**\_\_\_\_** Full-time (all remote work other than when I am required to report onsite)

**\_\_\_\_** Part-time (mixture of remote work and onsite work)

**\_\_\_\_** 9. Description of my workspace and technology (i.e. phone, internet, One Talk, doxyme, webcam), which have received Supervisor approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**\_\_\_\_** 10. I wish to start teleworking on \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_.

**\_\_\_\_** 11. I wish to work the following schedule (total hours per applicable workday provided):

Telework: Sat\_\_\_\_\_; Sun\_\_\_\_\_; Mon\_\_\_\_\_\_; Tue\_\_\_\_\_\_; Wed\_\_\_\_\_\_; Thu\_\_\_\_\_\_; Fri\_\_\_\_\_\_

Onsite: Sat\_\_\_\_\_; Sun\_\_\_\_\_; Mon\_\_\_\_\_\_; Tue\_\_\_\_\_\_; Wed\_\_\_\_\_\_; Thu\_\_\_\_\_\_; Fri\_\_\_\_\_\_

I will be accessible during the following “Core Hours”: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_** 12. Examples of how teleworking will benefit the agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**\_\_\_\_** 13. Examples of how teleworking will benefit myself: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*I read, understand, and agree to comply with the Telework Criteria. I certify my answers above are honest and complete. I realize certain eligibility stipulations may be required, including a status of Good Status. Lastly, should a change occur regarding this request, I am required to contact HR in order to maintain proper Personnel File records.*

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_

Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_

Operations Team Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_

**SHG Telework Request Form, page 2**

**Telework Request Form, #2**

Clinical/Direct Care staff requirements include the following:

* Employee to maintain expected productivity level for specific position. If unclear, Employee to contact Supervisor to confirm expected unit amount for specific position. If unable to meet expectation for any reason, Employee to reach out to Supervisor for guidance.
* Employee to enter all appointments on Avatar schedule, ensuring clients receive message to attend session by phone/video.
* Employee to provide ongoing daily concurrent and collaborative documentation with all notes entered by end of that day and no later than 24 hours after the appointment.
* Employee to adhere to phone/video/other service delivery guidelines.
* Employee to not take any hard copy client information to home workspace. Should a situation requiring use of hard copy documentation arise, meeting must take place on SHG premises.
* Employee to be accessible during all designated core hours. If unclear, Employee to contact Supervisor to confirm core hours for specific position.
* Employee to be prepared to report onsite as needed/requested by Supervisor or other member of Management.

**12/2020**