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INTRODUCTION

It is recognized that a public employer has a special obligation to ensure that employees and work resources are being used efficiently and productively. Telework refers to conducting normal business operations from the home or alternate location and has been found to benefit society by reducing energy consumption, decreasing environmental pollution and reducing traffic congestion. Additionally, Telework has been found to benefit employers and employees by reducing office costs, saving commuting costs and allowing flexibility in work schedules. There are very few jobs where it would be practical to Telework five (5) days per week. Some jobs, however, have tasks that could be accomplished while Teleworking one to two days per week. Generally, jobs suitable for Telework will have defined tasks with clearly measurable results.

The decision for an agency, board or commission to participate in the Telework program is at the sole discretion of each Appointing Authority. Employees may request permission to Telework during certain times of the year or on an ongoing basis. Approval to participate in the Telework program is at management’s discretion. The State of New Hampshire (the State) Telework Manual must be reviewed prior to requesting or approving a Telework arrangement. The conditions listed in this Manual apply to all Telework employees.

Section One – General Telework Information

I. Telework is an authorized work arrangement in which some or all work is performed at a location other than the employee's primary (usual and customary) workplace. The alternate workplace may include the employee's home or alternative location. The Telework program may be used as a recruitment and retention tool while providing positive impact on the environment and the organization.

II. Employees may be allowed to Telework when there are tangible benefits to the agency, board or commission and all accountabilities of the position are fully met. The job responsibilities of the position must be able to be satisfactorily performed away from the primary workplace in order for Telework to be considered.

III. Telework staff must be mindful of the image presented during the workday, and must not be involved in activities during the workday that will reflect negatively on the State. Examples include but are not limited to, working in the yard, shopping at the mall, taking care of children, being involved with other employment activities, etc.

IV. Telework is a management option and is not an employee right. The duration of permission for the Telework arrangement is entirely at the will and discretion of the appointing authority, which retains the prerogative to determine the time, place and manner of the Telework agreement. The Telework employee is covered by and will adhere to all policies, rules and regulations of the agency, board or commission and State of New Hampshire.

V. An employee's participation in the Telework program is voluntary. The employee, manager, supervisor or other authorized official may terminate the Telework arrangement at any time for any reason; however, advance notice should be given when feasible. Issues regarding approval for participation in the Telework program can not be appealed, grieved nor are they subject to review.
VI. Telework participation must be added to the employee’s Performance Plan as part of the annual Performance Evaluation process. Employees will be evaluated the same as non-Telework staff.

VII. Employee compensation and benefits (including leave and holidays) are not affected by the Telework arrangement. Telework employees must follow established departmental protocol related to the approval of leave time. Telework employees who are unable to work any portion of their Telework day shall use applicable annual, compensatory or sick leave for the hours not worked, with manager or supervisor approval.

VIII. Telework employees should have an established work schedule with a beginning time and ending time, a scheduled meal period of at least thirty minutes, and identified break periods.

IX. Telework agreements are living documents and must be revisited by the manager or supervisor and Telework employee and re-signed once per year on the anniversary date of the original signed agreement. Telework agreements are not transferable from one job to another.

**Section Two - Positions that May Be Eligible for Telework**

Positions that have some characteristics similar to the following may be considered for the Telework program:

I. Infrequent face-to-face communication requirements;

II. Communication can be managed by telephone, electronic mail, fax, etc.;

III. Employee generally works alone handling or preparing information (e.g., researching, writing, preparing reports, developing procedures, creating planning documents, analyzing statistical data, etc.);

IV. Responsibilities have clearly defined results;

V. Measurable work activities with objectives that have identifiable time frames and check points;

VI. Responsibilities are content versus process oriented;

VII. Tasks which require concentration and/or large blocks of time when the employee works independently of others;

VIII. Work which can be performed without close supervision; and,

IX. Minimal requirement for special equipment.

X. To the extent that the work involves matters or information which is private and/or confidential, that privacy and confidentiality can be maintained.
Section Three – Eligibility Criteria

The Telework program is a voluntary work arrangement between an individual employee and his/her supervisor. It is a privilege, not a universal benefit or employee right. The employee, supervisor or manager may terminate the Telework agreement at any time, without cause. Unless a specific exception is granted by an authorized official, an employee must meet the following criteria to be eligible to participate in the Telework program:

1. Be employed in or assigned to a position which is conducive to Telework in that the job assignments do not require access to confidential material that cannot be removed from the agency, board or commission offices and the employee requires little or no special equipment to perform his/her job duties;

2. Have been employed with the agency, board or commission currently assigned for at least six (6) months;

3. Not currently involved in any type of work performance or counseling process, which would negatively impact the integrity of the State Telework program. Examples include being on a work or attendance plan;

4. Have no record of disciplinary action as detailed in the Rules of the Division of Personnel in the last six (6) months that would cast doubt on the employee's ability to successfully Telework. Incidences of past disciplinary action over six (6) months old may be considered in reviewing an employee’s application if the action or misconduct causes the employee's supervisor to articulate a business-related reason that casts doubt on the employee's ability to successfully work at an alternate worksite;

5. If the employee has been employed for more than one year, have consistently met established productivity levels and received, at a minimum, overall ratings of ‘Meets Expectations’ on the most recent Annual Performance Evaluation. Employees who fall below an overall ‘Meets Expectations’ rating on their Annual Performance Evaluation will lose their Telework privileges;

6. Be self-motivated and responsible;

7. Be very familiar with requirements of the position; and,

8. Be able to work independently.
Section Four – Work Schedules and Work Space

A defined work space and defined core work hours are necessary to (1) to reduce the state’s exposure to workers compensation risk, (2) to facilitate proper supervision and management of Telework staff, and (3) to ensure Telework is performed in a productive environment.

Sub-Section A – Work Schedules

I. Telework employees must be accessible in some manner (e.g., by computer, pager, landline telephone, cell phone, etc.) to their manager or supervisor, clients and co-workers as required by job duties and responsibilities during the agreed-upon work schedule regardless of the work location.

II. In the event the primary communication methods are unavailable (network down, equipment failure, etc.) Telework employees are responsible to identify an alternate communication method. If an alternate communication method is not available, Telework staff will be required, unless an exception is approved by the supervisor/manager, to report to the primary workplace on Telework days.

III. Unless other arrangements are made, Telework staff will attend all normal and customary scheduled office meetings related to performance of their job, including those which would be held on a Telework day. Business meetings with customers or regularly scheduled meetings with co-workers shall not be held at the Telework site.

IV. Each Telework employee shall develop a work schedule with his/her manager or supervisor and the manager or supervisor must agree in advance to any changes to the employee's work schedule. An employee's Telework hours will conform to a schedule agreed upon by the employee and manager or supervisor.

V. Telework participants will be required to complete a Telework Time Record (Attachment #4) at the end of each workweek and provide it to their manager or supervisor to ensure compliance with the Federal Department of Labor, Fair Labor Standards Act. Part-time and full-time Telework hours shall be appropriately recorded on the document.

VI. Telework staff must obtain approval from their supervisors before performing overtime work. Failure to do so may result in the termination of the Telework Agreement (Attachment #2) and/or other appropriate action.

Sub-Section B – Work Space

I. The Telework employee shall maintain a clean, safe work space that is adequate for work and free of obstructions and distractions. To ensure that productive working conditions exist, it may be necessary to make on-site visits at mutually agreed-upon times. However, this will be handled by the agency, board or commission on a case-by-case basis. The Telework employee will designate a specific work space at the alternate workplace and will conduct work for the department from that location.
Section Five – Dependent Care

I. The State offers Telework participation to employees with the understanding that it is the responsibility of the employee to ensure that a proper work environment is maintained for the employee to fulfill his/her job duties with the State of New Hampshire. Telework staff should strive to help their families understand that the designated work area is a space set aside for the employee to work. Family responsibilities must not interfere (to the extent they are controllable) with the employee’s established work schedule and job duties.

II. Telework is not a substitute for childcare or dependent care. Telework participants are responsible for making arrangements for child or dependent care to the same extent as if they were working in a conventional office.

Section Six – Expenses and Compensable Time

I. An employee may work from his/her home or another alternate workplace that has been approved by the agency, board or commission. Mileage between the home and the employee's assigned office or Telework location, if outside of the home location, will be considered commuter mileage and not subject to reimbursement. Time spent traveling between the Telework worksite and the employee’s regular assigned office will not be compensable as “time worked,” nor will such travel time be included for purposes of calculating overtime.

II. To the best of the Teleworker’s ability, work-related long distance phone calls should be planned for in-office days. At the discretion of the manager or supervisor, expenses for work-related long distance calls and cell phone calls, which must be made from the Telework worksite, may be reimbursed if the reasons and costs for the calls are documented.

III. No expenses incurred while performing Telework assignments are eligible for reimbursement without prior manager or supervisor approval. The Telework participant is responsible for the cost of maintenance, repair, and operation of personal equipment not provided by the state.

Section Seven – Emergency Situations

I. Although a variety of circumstances may affect individual situations, the principles governing leave and the closing of state offices remain unchanged. The ability to conduct work (and the nature of any impediments), whether at the Telework worksite or at the office, determines when an employee may be excused from work duty.

II. When situations arise that require closing of a state office location (i.e. inclement weather), Telework staff will be excused if regular office workers are excused.

III. When an emergency affects only the Telework site (i.e. power outage, etc.), the Telework employee is expected to report to the regular office or request supervisory approval of annual leave, compensatory time, leave without pay, etc.

IV. When a Telework employee knows in advance of a situation that would preclude working at the Telework worksite, the employee must either come to the office or request leave.
Section Eight – Equipment and Supplies

Sub-Section A – State-Owned Equipment and Supplies

I. Office supplies will be provided to Telework staff and obtained during in-office work periods. In order to track supply usage, the Telework staff will provide a monthly inventory listing to the manager or supervisor of supplies used. Telework staff will not be reimbursed for out-of-pocket expenses for supplies normally available in the office.

II. Some agencies, boards or commissions may have the ability to give written permission for certain equipment (i.e., computers, job-specific equipment, etc.) to be checked out and used at the Telework worksite. This equipment remains the property of the State and the department retains the responsibility for the inventory and maintenance of State-owned property following State laws and procedures. Employees are not authorized to use department issued equipment for personal use.

III. Issues relating to connectivity of State-owned equipment and security of information are subject to the standards of the Department of Information Technology.

IV. Telework employees are responsible for ensuring that all State of New Hampshire issued equipment is maintained in a safe and secure manner. Electronic equipment must be connected to a grounded electrical outlet and into a surge protector.

V. All equipment, supplies, material and/or other property will be immediately returned upon request, termination of participation in the Telework program and/or termination of employment.

VI. Transfer of State-owned equipment from the office to the Telework worksite and back shall be the responsibility of the Telework employee.

VII. The Telework employee's immediate supervisor shall maintain an inventory of State-owned equipment in the employee's Telework location. The employee and employee's supervisor will complete and sign the Inventory of Telework Property and Equipment Form (Attachment #6) prior to the beginning of the work assignment.

Sub-Section B – Use of Employee-Owned Equipment

I. The Telework employee is expected to use his or her own furniture, telephone lines and other equipment. Any use of private facilities of the employee will be at the employee’s discretion and not at the direction or expense of the agency, board or commission. This applies to all physical improvements and conveniences as well as services. All expenses (e.g. maintenance, repair, insurance, etc.) shall be the responsibility of the Telework employee.

II. The State does not assume liability for loss, damage or wear and tear of employee-owned equipment.

III. If a Telework employee uses his/her personal computer, State of New Hampshire files must be kept on separate media – i.e., flash drive or CD Rom.
IV. Media which is not appropriately owned by or licensed to the State or the Telework employee may not be run if State data resides in the computer or if the computer accesses a State of New Hampshire network.

V. All State of New Hampshire information must be properly secured at the end of the business day. It will be incumbent upon the agency, board or commission to consult with the Department of Information Technology staff to establish and implement an appropriate departmental information privacy and security protocol.

VI. In the event a piece of employee-owned equipment breaks, needs repair or otherwise becomes inoperable, the Telework employee may be asked to report to the office until the equipment is fully functioning and usable.

Section Nine – Workers' Compensation

I. The Teleworker’s designated work area at his/her alternate worksite will be considered an extension of the agency, board or commission work space. During Telework designated work hours while he/she is performing official work functions in the designated work area of the alternative worksite, Telework participants will be covered by workers’ compensation. Workers’ compensation only covers accidental injury or illness arising out of and in the course of employment. It should be noted that attending to personal comfort needs (cooking lunch, using the restroom, etc.) is not considered performing official duties.

II. If an injury occurs during the Telework work hours, the employee will immediately report the injury to the manager or supervisor. The manager or supervisor and agency, board or commission must follow the State’s protocol regarding the reporting of injuries for employees injured in the primary (usual and customary) workplace. The Workers’ Compensation coverage provided for Telework participants is the same as the coverage for employees in their primary workplace. Liberty Mutual Insurance Group/Helmsman Management Services is the workers’ compensation third party administrator for the State through July 1, 2012, and they will administer any workers' compensation claim made by Telework employees.

III. For purposes of workers' compensation coverage, the Teleworker’s "designated work hours" on his/her Telework Agreement and "designated work area" shall be the area specified by employee on Work Space Self-Certification (Attachment #5). Employees and supervisors must take care to describe work space and work hours on the appropriate forms to avoid confusion over workers' compensation coverage.

IV. An employee's activities outside of the designated work hours or Telework location will be deemed to be the employee's own personal time and place, unconnected with work activities. The State assumes no liability for injuries occurring at the Telework worksite occurring outside the agreed-upon work hours, outside the agreed-upon designated work area or for activities that are not work-related. Telework staff must report on-the-job injuries to his/her supervisor as soon as possible after the accident/injury occurs and submit supporting medical documentation of the accident/injury to his/her supervisor as soon as such documentation becomes available.

V. If necessary, Telework staff shall permit the appropriate agency, board or commission representative, employee or agent of the State’s Workers’ Compensation insurance company or third party administrator to access the Telework worksite to investigate reports of injury.
Sub-Section A – Worksite Safety and Liability

I. Telework participants are expected to perform their duties and responsibilities at the Telework worksite at a proficiency level equal to or greater than when performed at the conventional office and work, except for break and lunch, for the entire scheduled time period. Telework staff must keep their alternative worksite free from distractions and hazards and keep themselves free from obligations which would impair their ability to provide the same time and level of attention to the work product as when in the conventional office.

II. The Telework designated work area must meet State of New Hampshire Department of Labor safety rules for the workplace including but not limited to smoke detectors; working fire extinguisher; clear, unobstructed exits; removal of hazards that could cause falls; adequate electrical circuitry, and appropriate furniture. Information on specific law and rule reference can be found at: www.gencourt.state.nh.us/rules/lab600.html and www.labor.state.nh.us/ST-WrittenSafetyProgram.pdf.

III. As a condition of permission to Telework, the employee must verify that the alternative workplace used for Telework purposes is safe and suitable for purposes of the employee's work. The agency, board or commission may deny an employee’s request to participate in the Telework program if the alternate worksite is not conducive to productive work. The State provides a Workplace Self-Certification Form as part of the Telework application process to assist the employee.

IV. The State or an employee or agent of the State’s Workers’ Compensation insurance company or third party administrator reserves the right to inspect the Telework worksite to ensure safety compliance and adherence with the Telework program requirements regarding space and furnishings.

V. The State assumes no liability for any injuries to the Teleworker’s family members, visitors or others in the employee's Telework worksite. Telework staff may not have business guests at the Telework worksite except at state office locations. Use of the Telework site for work-related meetings is prohibited. Telework participants are encouraged to utilize teleconferencing if a work-related meeting becomes necessary.

VI. The State shall not be responsible for any loss or damage to the Teleworker’s real property, including any structures attached thereto; any personal property owned by the Teleworker, or any of the Teleworker’s family members; or property of others in the care, custody or control of the Teleworker or any of the Teleworker’s family members.

VII. Telework participants are encouraged to contact their insurance agent and/or tax consultant as well as consult with local ordinance, restrictive covenants and applicable neighborhood association guidelines for information regarding home workplaces. Telework participants are also encouraged to determine any federal, state, or local tax implications regarding working at the Telework worksite and satisfy any personal obligations. The State will not provide tax guidance or assume tax liability.

VIII. Individual tax implications, auto and homeowners insurance, and incidental residential utility costs are the responsibility of the Telework participant.
Section Ten – Confidentiality and Information Security

Security of confidential information is of primary concern and importance to the State. Telework staff, similar to all State employees, is expected to adhere to all applicable laws, rules, regulations, policies and procedures regarding information security. All information assets (equipment, software, and confidential information) used within the Telework program are subject to these security policies. At no time shall confidential information or state-owned data be stored locally.

Agencies, boards or commissions allowing employees to access records from a Telework worksite must maintain appropriate administrative, technical, and physical safeguards to ensure the security and confidentiality of such records. Security and confidentiality protection measures shall be discussed with the employee by his/her supervisor and included in the Telework Agreement.

To help ensure confidentiality and information security, all Telework employees must:

I. Be responsible for maintaining confidentiality and security at the Telework worksite, as they would at the office location. The Teleworker must protect the security and integrity of data, information, oral or written communication, paper files, and access to agency computer systems. If applicable, an agency specific Technical User policy applies to Telework employees as they would in the primary workplace.

II. Safeguard confidential departmental information maintained in files, in state-owned computers, on password protected CD Rom’s, flash drives, etc. Under no circumstances may a Telework employee store any confidential data, or data that contains client or employee personally identifiable information on anything that is owned by the Telework employee.

III. Ensure that the software used for Teleworking is virus inspected and each PC used by the Telework employee has virus protection software installed and fully updated at all times.

IV. Return all material (paper documents, CD’s, etc) containing confidential information to the office workplace for proper handling or disposal (e.g., Certified Destruction), if necessary.

V. Adhere to all copyright and licensing laws by not copying or sharing any State-owned software.

VI. Back up critical information as necessary to assure the information can be recovered if the primary source is damaged or destroyed.

VII. Notify the Department of Information Technology and the manager or supervisor of any suspected or actual security violation.

VIII. Understand that adherence to the information in this Section is an essential requirement of the Telework Program. Failure to comply with the provisions will be cause for revoking participation in the Telework Program and/or possible disciplinary action as detailed under the Rules of the Division of Personnel.
Section Eleven – Responsibilities

Sub-Section A – Employee Responsibilities

Telework employees shall read and adhere to the provisions of the State Telework Manual and the Telework Agreement. Employees who believe that Telework is appropriate for their position should first discuss potential Telework participation with their manager or supervisor. After reading and reviewing the State Telework Manual the employee will:

- Complete the following forms and submit to their manager or supervisor:
  - Request for Telework Approval (Attachment #1)
  - Telework Self-Assessment (Attachment #3)
  - Telework Work Space Self-Certification (Attachment #5)

Sub-Section B – Manager or supervisor Responsibilities

Managers and supervisors of employees interested in requesting Telework approval must be knowledgeable of the information contained in this Telework Manual and the Telework Agreement.

Managers and supervisors are responsible to review all documents submitted by the employee and consider the employee's Telework request within the provisions of the State Telework Manual. Prior to approving a Telework request, the manager or supervisor must:

I. Determine if a Telework arrangement is beneficial to the agency, board or commission.

II. Ensure there is adequate unit staffing permitting the employee to Telework without disrupting office performance.

III. Review eligibility criteria listed in Section Three of the State Telework Manual.

IV. Ensure that Telework work performance can be adequately measured and that sufficient work exists to enable the Telework employee to work a productive day off-site.

V. Ensure adequate measures are in place to protect confidentiality and information security at the proposed alternate worksite.
Section Twelve – Telework Agreement Process

If the Telework arrangement is deemed appropriate, the supervisor or manager must prepare a proposed State of New Hampshire Telework Agreement and forward with the Request for Telework Approval Form to an authorized official (appointing authority or designee) for review. If the Telework arrangement is approved by the authorized official, the supervisor or manager will:

I. Meet with the employee to sign the State Telework Agreement.

II. Retain a copy of the approved Request for Telework Approval form and the original State of New Hampshire Telework Agreement for a period of one year after the Telework arrangement ends. A copy of both forms must also be filed in the agency, board or commission and Division of Personnel employee file.

III. Provide the requesting employee with a copy of the approved Request for Telework Approval and signed State of New Hampshire Telework Agreement and ensure that the employee fully understands his/her responsibilities.

Sub-Section A – Manager or supervisor responsibilities for approved requests

The manager or supervisor must:

I. Maintain an inventory of department-owned equipment located at the employee’s Telework worksite.

II. Continue normal supervisory activities including feedback, performance evaluations, etc.

III. Prepare an amendment to the employee's Supplemental Job Description, specifically detailing responsibility areas and standards of performance pertaining to the terms of the State Telework Agreement.

IV. Perform site visit(s), as necessary, to ensure safety compliance and adherence to the Telework program requirements regarding the work space and furnishing.

Sub-Section B – Denied Telework Requests

If the request to Telework is denied, the manager or supervisor will provide written comments on the Request for Telework Approval form to the employee outlining the reason(s) for the decision. The denial of a Telework request must be based on business-related reasons, documented in writing on the Request for Telework Approval form, and made available to the employee. The explanation should outline any steps the employee can take to be eligible for reconsideration.

This decision is final and can not be appealed, grieved nor is it subject to review.
Section Thirteen – Provisional Period and Telework Modifications

At the beginning of the Telework arrangement, there is a 90-day provisional period.

During or immediately after the provisional period, the supervisor or manager will conduct a review to determine if the Telework arrangement is the best work arrangement for the agency, board or commission.

After the initial review, the State Telework Agreement is to be reviewed at least annually, or when:

- There is a major job change (e.g., promotion),
- The Telework employee or manager or supervisor change positions, or
- Any portion of the arrangement covered by the agreement changes.

Appropriate modifications are to be made to the State Telework Agreement which must then be signed again by the employee and manager or supervisor.

Section Fourteen – Reporting

Each agency, board or commission will report Telework data, both approved and denied requests, to the Division of Personnel by the 1st working day of each month.

For additional information or assistance, please contact the Division of Personnel.
FORMS

Attached are the necessary forms for agency, board or commission use for those interested in the Telework program. Use the attached forms and insert your specific agency, board or commission name at the top or in the body of each form, as applicable.

- REQUEST FOR TELEWORK APPROVAL
- TELEWORK AGREEMENT
- TELEWORK SELF-ASSESSMENT
- TELEWORK TIME RECORD
- WORK SPACE SELF-CERTIFICATION
- INVENTORY OF TELEWORK PROPERTY AND EQUIPMENT
REQUEST FOR TELEWORK APPROVAL

TO BE COMPLETED BY REQUESTING EMPLOYEE:

Employee Name: ________________________________

Employee Job Title: ______________________________

I am requesting approval to Telework.

This request is for □ Regular Telework or □ Occasional Telework (Check One).

Regular Telework is defined as consistent days spent working from home on a regular basis. Occasional Telework is defined as working from home for a special project for a limited duration.

I have read the State Telework Manual and related documents and agree to comply with all provisions in these documents.

Attached are my completed Telework Self-Assessment Form and the Telework Work Space Self-Certification Form.

______________________________________________________   ______________
Signature of Employee Date

This form and attachments are to be forwarded to the appropriate manager or supervisor for review.

Written approval must be received from an authorized official prior to an employee beginning a Telework arrangement.

TO BE COMPLETED BY MANAGER OR SUPERVISOR:

I have reviewed the request, the employee eligibility criteria and the needs of the organization. Based on this review, I have determined that the requested Telework arrangement should be:

□ Approved

□ Denied

_________________________________________  ____________
Signature of Manager or Supervisor Date
REQUEST FOR TELEWORK APPROVAL  
Page Two of Three

If approved, this form and the proposed Telework Agreement are to be forwarded to the authorized official for review.

If denied, comments outlining the reason(s) for the decision are to be documented below and the request is to be returned to the employee. This decision is final and can not be appealed, grieved nor is it subject to review.

Comments:

Manager or Supervisor ______________________________________________________

Manager's Work Location __________________________________________________

Office Phone # ____________________________________________________________

E-Mail Address ____________________________________________________________
REQUEST FOR TELEWORK APPROVAL
Page Three of Three

TO BE COMPLETED BY THE AUTHORIZED OFFICIAL OR APPOINTING AUTHORITY:

I have reviewed the request, the employee eligibility criteria and the needs of the organization. Based on this review, I have determined that the requested Telework arrangement should be:

☐ Approved

☐ Denied

______________________________  ____________
Signature of the Authorized Official Date

Comments:

If approved, this form and the Telework Agreement are to be returned to the appropriate manager or supervisor for signatures.

If denied, comments outlining the reason(s) for the decision are to be included in the comment section above and the form and agreement are to be returned to the manager or supervisor for proper routing.

This decision is final and can not be appealed, grieved nor is it subject to review.

******************************************************************************
A copy of this approved request form is to be forwarded to the Division of Personnel for tracking purposes.
State of New Hampshire
Specific Agency, Board or Commission Name

TELEWORK AGREEMENT

Employee Name: ____________________________________  Home Phone: __________________

As a participant in the specific Agency, Board or Commission and State of New Hampshire Telework Program, I attest that I have reviewed and agree to comply with the State Telework Manual, the terms and conditions listed in this Telework Agreement, and all other terms and conditions of employment.

- I agree to spend approved Telework time performing the assigned duties and responsibilities of my position.
- I agree to maintain contact with my work unit, as appropriate, to successfully perform my assigned duties and responsibilities.
- I agree to contact my manager or supervisor or other authorized official to request prior approval for leave, when needed.
- I agree to maintain a safe work environment that is conducive to productivity.
- I have made arrangements, if applicable, for dependent care, and personal disruptions such as non-business telephone calls and visitors will be kept to a minimum.
- I agree to inform my manager or supervisor any time there is an actual or suspected system security issue that arises during my work at home or other alternate workplace.
- I understand that the State or specific Agency/Board/Commission is not liable for any damages to my personal or real property while I am performing official duties my Telework location.
- I agree to immediately report to my manager or supervisor any work-related injuries that occur while in the Telework arrangement.
- I understand that the sole purpose of this agreement is to regulate the Telework arrangement, and that it does not constitute a contract of employment.
- I understand that this Telework arrangement is voluntary and is not an employee right.
- I understand that this Telework agreement is valid on an: (Circle one)
  - Regular
  - OR
  - Occasional Basis

as indicated on the work schedule listed on page two of this Agreement.
Employee Name: _________________________

### Work Schedule

<table>
<thead>
<tr>
<th>Day of the Week</th>
<th>Work Hours</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Main</td>
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Scheduled Daily Lunch Period:

**Telework location:**

ADDRESS: ___________________________________________________________

PHONE NUMBER: _______________________________________________________

List Any Special Conditions or comments:

I understand that this agreement may be terminated at any time by me, my manager or supervisor or the authorized official. I agree to follow all provisions of the State Telework Manual.

Employee’s Signature: ___________________________ Date: ________________

Manager or Supervisor Signature: ___________________________ Date: _________

A copy of this form will be provided to the Telework employee as well as for the Agency and Division of Personnel file. The original document will be kept on file by the approving manager or supervisor.
A successful Telework employee has particular traits, a job suitable for Telework, and a Telework worksite that is conducive to work. Read each of the numbered sections below and check the box that most accurately describes you or your situation. Your self-assessment will help you decide whether participating in the Telework program is right for you. See the bottom of page three for help in evaluating your self-assessment.

1. Successful Telework employees develop regular routines and are able to set and meet their own deadlines. Are you self-motivated, self-disciplined and able to work independently; can you complete projects on time with minimal supervision and feedback; and are you productive when no one is checking on you or watching you work?

   - Always
   - Usually
   - Sometimes
   - Never

2. Do you have strong organizational and time-management skills; are you results-oriented; will you remain focused on your work while at home and not be distracted by television, housework or visiting neighbors; do you manage your time and workload well, solve many of your own problems and find satisfaction in completing tasks on your own; are you comfortable setting priorities and deadlines; and do you keep your sights on results?

   - Always
   - Usually
   - Sometimes
   - Never

3. Are you comfortable working alone and disciplined enough to apply yourself continuously to your job without interruption or distraction; can you adjust to the relative isolation of working at home; will you be able to adjust to the missed social interaction at the central office on your Telework days; do you have the self-control to work neither too much nor too little; can you set a comfortable and productive pace while working at home?

   - Always
   - Usually
   - Sometimes
   - Never

4. Teleworkers should have a good understanding of the organization's "culture." Are you knowledgeable about your organization's procedures and policies; have you been on the job long enough to know how to do your job in accordance with your organization's procedures and policies; do you have well-established work, communication, and social patterns at the office?

   - Yes
   - No
5. Have you and your manager or supervisor discussed whether co-workers would have additional work when you work at home and, if so, how the work would be handled; have you determined how to provide support to coworkers while working at home; do you have an effective working relationship with co-workers; and have you evaluated the effects of your Telework days and those of your co-workers in maintaining adequate in-office communication?

☐ Yes ☐ No

6. Are you adaptable to changing routines and environments; have you demonstrated an ability to be flexible about work routines and environments; and are you willing to come in to the central office on a regularly scheduled Telework day if your manager or supervisor, co-workers, or customers need you there?

☐ Yes ☐ No

7. Are you an effective communicator and team player; do you communicate well with your manager or supervisor and co-workers; are you able to express needs objectively and develop solutions; and have you developed ways to communicate regularly with your manager or supervisor and co-workers that you can use when you Telework?

☐ Yes ☐ No

8. Current job performance is a strong indicator of your potential success as a Teleworker. Consider how any problems or developmental needs evident in your last performance evaluation might affect your Telework experience. Are you successful in your current position; do you know your job well; and do you have a good track record of performance?

☐ Yes ☐ No
9. Do you have the right job for participation in the Telework program?

- Job responsibilities that can be arranged so that there is insignificant difference in the level of service provided to the customer
- Minimal requirements for direct supervision or contact with the customer
- Low face-to-face communication requirements with the ability to arrange days when communication can be handled by telephone or e-mail
- Minimal requirements for special equipment
- Ability to define tasks and work products with measurable work activities and objectives
- Ability to control and schedule work flow
- Tasks include those that would be done away from the central office, such as:
  - Analysis
  - Auditing
  - Reports
  - Batch work
  - Calculating
  - Data entry
  - Design work
  - Dictating
  - Drafting
  - Editing
  - Evaluations
  - Field visits
  - Graphics
  - Project management
  - Reading
  - Record keeping
  - Research
  - Telephoning
  - Word processing
  - Writing

10. Do you have an appropriate home work environment?

- A safe, comfortable work space where it is easy to concentrate on work
- The level of security required by the agency
- The necessary office equipment and software that meet agency standards
- A telephone, with a separate home office line if required, and an answering machine or voice mail
- Household members who will understand you are working and will not disturb you

Are you the right kind of worker to participate in the Telework program? If your answers to Questions 1 through 8 are "Always" or "Yes" you are the type of employee likely to be successful at teleworking.

Do you have the right kind of job? You should be able to check every item under Question 9.

Do you have the right home environment? You should be able to check every item number under Question 10.

Employee Signature: ___________________________  Date: _____________________

A copy of this completed survey will be placed in your Agency and Division of Personnel file.
### TELEWORK TIME RECORD

Employee Name: ___________________________

Beginning Date:  _________________________

Ending Date:  _______________________

<table>
<thead>
<tr>
<th>Day</th>
<th>Time Workday Begins</th>
<th>Lunch Period Begins</th>
<th>Lunch Period Ends</th>
<th>Time Workday Ends</th>
<th>Total Time Worked</th>
<th>Leave Usage or Holiday</th>
<th>Comments</th>
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<tr>
<td>Monday</td>
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Employee Signature: _________________________________ Date: _____________

Manager or Supervisor Signature: _________________________ Date: _____________
WORKSITE SELF-CERTIFICATION

Employee Name: ______________________________________ Date: ______________________

Division: __________________________________________ Org. Unit: ______________________

Manager or Supervisor: ____________________________________________________________

Telework Work Address:____________________________________________________________

City: ________________________ County: ___________________ Zip Code: ______________

Telework Work Phone: ____________________________________________________________

Alternate Work Mail (if different from primary workplace):

The following checklist is designed to assess the overall safety of your Telework worksite. The checklist is necessary to make you aware of the need for a safe workplace that is conducive for productive work. Please read and complete the self-certification safety checklist. Upon completion, you and your supervisor should sign and date the checklist in the spaces provided.

The Telework worksite is: (Circle one)

Employee's home / alternate location

Describe the designated work area at the alternate worksite:

Please complete the following about the designated work area:

1. Are temperature, noise, ventilation and lighting levels adequate for maintaining your normal level of job performance?
   
   ❑ Yes  ❑ No

2. Is all electrical equipment free of recognized hazards that would cause physical harm (frayed wires, bare conductors, loose wires, flexible wires running through walls, exposed wires to the ceiling)?
   
   ❑ Yes  ❑ No

3. Do chairs have any loose casters (wheels)?
   
   ❑ Yes  ❑ No
4. Are the rungs and legs of the chairs sturdy?
   - Yes
   - No

5. Are the phone lines, electrical cords, and extension wires secured under a desk or alongside a baseboard?
   - Yes
   - No

6. Is the office space neat, clean and free of excessive amounts of combustibles?
   - Yes
   - No

**Complete the following if using a computer at home:**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Is your chair adjustable?</td>
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<tr>
<td>Do you know how to adjust your chair?</td>
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<tr>
<td>Is your back adequately supported by a backrest?</td>
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<tr>
<td>Are your feet on the floor or fully supported by a footrest?</td>
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<tr>
<td>Are you satisfied with the placement of your VDT and keyboard?</td>
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<td>Is it easy to read the text on your screen?</td>
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<tr>
<td>Do you need a document holder?</td>
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<tr>
<td>Do you have enough legroom at your desk?</td>
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<tr>
<td>Is the VDT screen free from noticeable glare?</td>
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<tr>
<td>Is the top of the VDT screen at eye level?</td>
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<tr>
<td>Is there space to rest the arms while not keying?</td>
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<tr>
<td>When keying, are your forearms close to parallel with the floor?</td>
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<td>Are your wrists fairly straight when keying?</td>
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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 exclusion from the Telework program.

Employee Name: __________________________________________

Employee Signature: ________________________________________ Date: _________

Manager or Supervisor Name: _______________________________

Manager or Supervisor Signature: ____________________________ Date: __________

A copy of this form will be placed in both the agency and Division of Personnel file.
State of New Hampshire
Specific Agency, Board or Commission Name

INVENTORY OF STATE-OWNED PROPERTY AND EQUIPMENT

Employee Name: ________________________________

Employee Title: ________________________________

Department/Agency/Location: ________________________________

Computer Name: ________________________________

Item List – Property, Equipment and/or Supplies

<table>
<thead>
<tr>
<th>Item Name</th>
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<th>Serial #</th>
<th>State Tag #</th>
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Comments: __________________________________________________________________________

Employee Signature: _________________________________________________________________

Manager or Supervisor Signature: ____________________________________________________

Date: ______________________________________________________________________________