

# Office of the State Public Defender

## Human Resource Policies

|                                |                                 |
|--------------------------------|---------------------------------|
| Subject: <b>Telework</b>       | Policy No.: <b>545</b>          |
| Title:                         | Pages: <b>4</b>                 |
| Section:                       | Last Review Date: <b>2-2-21</b> |
| Effective Date: <b>9-18-19</b> | Revision Date: <b>2-2-21</b>    |

### 1.0 POLICY

The purpose of this policy is to provide guidance to Office of State Public Defender (OPD) employees requesting or seeking to better understand telework assignments as referred to within OPD and the Montana Operations Manual Telework policies.

This procedure applies to all OPD positions and employees; however, it is important to note that not all positions and employees are well-suited for telework assignments. Completion and submission of the Telework Agreement will initiate a review by the immediate Supervisor, the Division Administrator, Information Technology Services, and the Human Resources Office to determine if a telework assignment is in the best interest of the State.

The immediate Supervisor, Division Administrator, Information Security Manager (ISM) (or delegate), and Human Resources Office are collectively responsible for ensuring that the position and employee are compatible with the requirements of a telework position. The ISM is responsible for ensuring the employee has the necessary technology to telework. The Director of Human Resources (or delegate) is responsible for ensuring that the Telework Agreement is complete, that all approval signatures are affixed, that the employee and the immediate Supervisor are informed of the finalization of the Telework Agreement, and to report the telework assignment on an annual basis to the Department of Administration.

### 2.0 DEFINITIONS

- 2.1 Alternative Work Site:** Approved work locations within Montana other than the employee's central workplace where official state business is performed. Such locations may include, but are not necessarily limited to, employee's home or satellite offices.
- 2.2 Central Workplace:** An agency's place of work where employees are normally located to perform assigned work.
- 2.3 Telework Agreement:** A written agreement between agency management and the employee detailing the terms and conditions of an employee's work away from the central workplace. Work agreements are required for telework assignments.

**2.4 Telework Assignment:** Designation of position and employee eligible to work at an agency-approved alternate work site, usually the employee's home, for all or part of their workweek, to promote general work efficiencies that benefit both the State and the employee.

**2.5 Work Schedule:** The employee's hours of work in the central workplace or in the alternate work location. This schedule is an expectation of the position and is customarily Monday through Friday 8:00 a.m. to 5:00 p.m.

### **3.0 PROCEDURE**

**3.1** An employee may request approval to telework by discussing their desire to do so with their immediate Supervisor. If the immediate Supervisor, Division Administrator, ISM and Human Resources Office determine the position and the employee to be compatible with a telework assignment, the Supervisor will direct the employee to complete the Telework Agreement, available in the Human Resources area of the OPD Help Desk. The Supervisor will communicate with the ISM regarding the employee's hardware and software needs.

**3.2** Approval to telework is determined on a case-by-case basis. The position must be appropriate for working as a telework position and the employee filling the position must have the ability to work independently.

**3.3** If the position is vacant and the immediate Supervisor and Division Administrator determine the position to be compatible with a telework assignment, the immediate Supervisor will complete the Telework Agreement, advertise the position as being a teleworking position, and finalize the Telework Agreement with the employee, Division Administrator, and Human Resources once the employee is hired.

**3.4** The Telework Agreement will be automatically routed to the immediate Supervisor, Division Administrator, ISM, and the Human Resources Office for approval.

**3.5** The Director of Human Resources will review the Telework Agreement for thoroughness and approval signatures. If the agreement is complete, the Director of Human Resources will sign approval. If something is missing within the agreement, the Director of Human Resources will work with the immediate Supervisor to rectify.

**3.6** Once the Telework Agreement is signed by all parties, the Director of Human Resources will inform both the employee and the immediate Supervisor that the telework assignment is finalized.

**3.7** Within 30 days of the end of the fiscal year, all Telework Agreements must be reviewed and renewed per Montana Operations Manual Telework Agreement. Once the Telework Agreements have been received in Human Resources they will be reported to the Department of Administration.

**4.0 CROSS-REFERENCE GUIDE**

The following laws, rules or policies may contain provisions that apply to this policy. The list should not be considered exhaustive; other policies may apply.

**4.1 State Policies (Montana Operations Manual)**  
Telework Policy

**5.0 CLOSING**

This policy shall be followed unless it conflicts with negotiated labor contracts or specific statutes, which shall take precedence to the extent applicable

Questions regarding this policy can be directed to your supervisor or the OPD Human Resources Office at [DOAOPDHRPAYROLL@MT.GOV](mailto:DOAOPDHRPAYROLL@MT.GOV).

**ATTACHMENT A**

**ACKNOWLEDGEMENT FORM**

My signature below indicates that I have received a copy of the Telework Policy.

I know that I may direct any and all questions about the policy to my supervisor or the Human Resource Office before signing or at any time in the future.

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATED: \_\_\_\_\_

This form must be signed and returned to:  
Office of the State Public Defender  
Human Resource Office  
Scan and Email to: [DOAOPDHRPAYROLL@MT.GOV](mailto:DOAOPDHRPAYROLL@MT.GOV)



## OPD Telework Agreement

*Unless otherwise instructed, this form is to be completed online through the OPD Help Desk.*

This document is intended to ensure that both the supervisor and the employee have a clear, shared understanding of the employee’s telework agreement. Each telework agreement is unique depending on the needs of the position, supervisor, and employee. This form can be adapted to specific requirements as necessary.

This telework agreement is not a contract of employment and does not provide any contractual rights to continued employment nor does it alter or supersede pre-existing terms of employment.

### Employee Telework Information

|  |   |
|--|---|
| Employee Name:                             |   |
| Position/Job Title:                        |   |
| Work Address:                              |   |
| Supervisor:                                |   |
| Arrangement requested by:                  | <input type="checkbox"/> Employee <input type="checkbox"/> Employer |
| Location where telework will be performed: |   |
| Telework arrangement effective dates:      | —   |

### Job Duties

The expectation for a telework arrangement is that an employee will effectively accomplish their regular job duties, regardless of work location. **If there are differing or telework-specific job duties and/or expectations, specify them below. Also use this section to explain if there are any job duties that cannot be performed while teleworking.**

### Telework Schedule:

Full Time          Part Time          Specify Hours if Part Time:

### Justification of Telework (State's Best Interest):

Please provide a brief explanation for the need to telework as well as how the employee's teleworking is in the best interest of the State of Montana.

## Telework Review

Specify days/times employee and supervisor will meet and discuss the effectiveness of the telework arrangement, or enter N/A.

|                                  |  |
|----------------------------------|--|
| Telework plan review days/times: |  |
|----------------------------------|--|

## Workspace Description

Briefly describe the workspace, including furniture and equipment to be used and number of electrical outlets. Please also note any challenges that may be encountered based on the limitations of the designated workspace (i.e., size, lack of internet connection, hazards, etc).

|  |
|--|
|  |
|--|

## Equipment and Technology Access

The employee and employer agree to work together to ensure that the alternate worksite is safe and ergonomically suitable. Specify any equipment or technology access the employee will need to telework and whether it will be employee or employer provided. In the event of equipment failure or service interruption, the employee must notify the supervisor immediately to discuss alternate assignments or other options.

| Equipment/Supplies or Technology | Provided by | Responsible for damage or service repair |
|----------------------------------|-------------|--|
|                                  |             |  |
|                                  |             |  |
|                                  |             |  |
|                                  |             |  |

## Additional Details

### Supervisor / Employee Best Practice Reminders

- Ongoing communication is the most important part of effective remote teamwork.
- Conduct and maintain regular team meetings and one-to-one check-ins.
- Start each workday with a phone, instant message chat or email or other established standard.
- Ensure employee has access to a laptop and/or VPN and knows how to access work remotely.
- Ensure employee understands how to set up call forwarding and access phone/voicemail from home.
- Identify and confirm the employee understands which platform(s) you will use to communicate as a team, clarify expectations for availability.
- Clearly communicate any changes to the workplan.

**The employee agrees to the following conditions:**

1. The employee will remain accessible and productive during scheduled work hours.
2. The employee's job responsibilities and promotional opportunities will not change due to participation in the telework agreement.
3. The employee will report to the employer's work location as necessary upon directive from his or her supervisor.
4. The amount of time employee is expected to work will not change due to participation in the telework arrangement.
5. The employee will record all hours worked in accordance with regular timekeeping practices.
6. The employee will obtain supervisor approval prior to working outside of normal working hours, or earning overtime or exempt comp time.
7. The employee is expected to perform job duties in a manner that meets or exceeds expectations of the position.
8. The employee understands that all equipment, records and materials provided by OPD shall remain the property of OPD.
9. The employee agrees to take all necessary precautions to secure all OPD/State of Montana equipment, data, files and other material to prevent unauthorized access, destruction or tampering. The employee will maintain a safe and secure work environment at all times.
10. Only equipment provided by OPD/State of Montana will be serviced and maintained by the OPD IT Department except for service or damage arising out of intentional destruction. Visits to an OPD/ State Of MT office may be required for the purpose of repairing, installing and/or retrieving telework related equipment. Equipment provided by the employee will be at no cost to OPD and will be maintained by the employee.
11. The employee agrees to report work-related injuries to the supervisor and Human Resources within 24 hours of occurrence, in compliance with OPD policies, as well as Workers' Compensation regulations.
12. Supplies required to complete assigned work at the alternate work location should be obtained during office visits. Out-of-pocket expenses for supplies normally available through OPD will not be reimbursed.
13. The employee understands that management retains the right to modify this agreement on a temporary or permanent basis for any reason at any time.
14. All OPD and State of Montana policies and departmental guidelines, including but not limited to attendance, holidays, time away from work and overtime continue to apply.
15. For technology support, please submit tickets through the OPD Helpdesk (use the icon located on Desktop).

**Employee Acknowledgment**

**I acknowledge I have read and understand the terms of this agreement, the OPD Telework Policy (545) and OPD Computer Use Policy (502). These policies can be found at the following link: <http://opd.mt.gov/Resources/OPD-Policies>. I agree to comply with all terms and conditions. I agree to notify my supervisor immediately of any situations that interfere with my ability to perform my job. I absolve the agency from liability for damages to real or personal property resulting from participation in telework. I understand that my failure to comply with OPD policies or this Agreement may result in disciplinary action, up to and including termination of my employment. I agree and understand the sole purpose of this Agreement is to regulate telework, that it neither constitutes an employment contract nor an amendment to any existing contract, and that OPD has the right to terminate or modify this agreement in accordance with its telework policy.**

**Employee Signature and Date:**

## **Supervisor Acknowledgment**

I certify:

- It is in the State's best interest that the employee be approved to telework in accordance with this Agreement.
- If an ergonomic assessment is needed, I will contact the OPD Human Resource Office.
- I approve of the designated work area.
- All necessary arrangements for placement of State-owned computer equipment in the alternative work location have been consulted with OPD IT staff prior to the date teleworking is to begin under this Agreement.

**Supervisor Signature and Date:**

## **Administrative Review**

**Administrator Signature and Date:**

**IT Supervisor Signature and Date:**

**HR Manager Signature and Date:**