



Telework Policy

I. OVERVIEW

Telework may be used as an option when appropriate to the particular needs of the Providence Hall Charter School (PHCS) and the employee, or under special circumstances such as a pandemic or natural disaster. Although not all jobs can be performed satisfactorily from other locations, PHCS recognizes that, in some cases, Telework arrangements can provide a mutually beneficial option for both PHCS and an employee. Telework is neither a universal employee right nor a universal employee benefit.

II. DEFINITION

Telework is a work arrangement that allows an employee to work at home or some other offsite location that is not the office site for all or some of an employee's regularly scheduled work hours.

III. ELIGIBILITY

- A. Exempt and Nonexempt employees may be eligible for Telework.
- B. Telework is not appropriate for all employees and jobs, nor all employees in the same or similar jobs, and will be considered on a case-by-case basis.
- C. Before Telework will be considered for approval, the employee and his/her supervisor, with the assistance of Human Resources (HR), will evaluate the sustainability of the Telework for the employee, reviewing the following areas:
 1. **Employee Sustainability** - Assess the needs and work habits of the employee compared to traits customarily recognized as appropriate for successful Telework.
 2. **Job Duties & Responsibilities** - Consider the employee's duties and responsibilities and determine if the employee's job is appropriate for Telework and analyze if Telework can be done for all the job duties and responsibilities or if Telework should be limited to only certain duties and responsibilities that can be successfully accomplished from a remote site.
 3. **PTO Availability** - Consider the employee's available PTO.

IV. REQUESTS

- A. An employee must properly complete the **Telework Request and Agreement Form** and submit to his/her supervisor for completion and processing by HR.
- B. PHCS will consider an employee's request for Telework when
 1. Due to an at-risk public health situation (as determined by PHCS, local, state, and/or federal agencies) there may be a need for an employee to Telework.
 2. There is a need for school closure as directed by PHCS, local, state, and/or federal agencies.
 3. PHCS determines any other situation for this need.
 4. The employee is making the request for other reasons.
- C. The employee will be notified by the supervisor or HR as to whether the request for Telework has been approved or denied.

V. CONDITIONS

- A. The employee must follow all requirements as outlined in the **Telework Request and Agreement Form** or the Telework may be revoked immediately by the supervisor or HR.



- B. An end date to the Telework arrangement will be given on the ***Telework Request and Agreement Form***. If needed, the employee may request an extension to the end date if requested prior to the end date and the request is made in written form (email is appropriate). Approvals of extensions will be considered on a case-by-case basis by the employee's supervisor and/or HR.



Telework Request and Agreement Form

Completing and submitting this form is not approval of your Telework request.

Printed Employee First Name(s) - No Nicknames

Printed Employee Last Name(s) - No Nicknames

Work Location Elementary Junior High High School LEA Administration

Date Form Filled Out

Request Start Date of Telework

Requested End Date of Telework

Reason for Telework Request

- Due to an at-risk public health situation (as determined by PHCS, local, state, and/or federal agencies) there may be a need for an employee to Telework.
- Need for school closure as directed by PHCS, local, state, and/or federal agencies.
- PHCS determined other situation for this need.
- The employee is making the request for other reasons, explain the reason_____

Requested Alternate Work Location Address _____

Requested Alternate Work Location Telephone_____

Outline the exact duties and responsibilities of your job you propose you will be doing while on Telework

Describe the proposed arrangement at the requested alternate work location for Telework (size, location, furniture, characteristics, separation from living area/others at the location, etc.).



FOR PHCS SUPERVISOR & HR USE ONLY

Date Received ____/____/____

The following has been considered regarding this request for Telework

- Employee Sustainability** - Assess the needs and work habits of the employee compared to traits customarily recognized as appropriate for successful Telework.
 - Job Duties & Responsibilities** - Consider the employee's duties and responsibilities and determine if the employee's job is appropriate for Telework and analyze if Telework can be done for all the job duties and responsibilities or of if Telework should be limited to only certain duties and responsibilities that can be successfully accomplished from a remote site.
 - PTO** - Consider the employee's PTO availability, Employee's Current PTO Balance _____
- Telework Approved Telework Denied

Telework Schedule

Mon ____:____ am/pm to ____:____ am/pm Duties _____

Tues ____:____ am/pm to ____:____ am/pm Duties _____

Wed ____:____ am/pm to ____:____ am/pm Duties _____

Thur ____:____ am/pm to ____:____ am/pm Duties _____

Fri ____:____ am/pm to ____:____ am/pm Duties _____

Time & Duties Log Must be Kept Yes No

If Yes then must be turned in to HR every _____ (how often)
via _____ (method).

Other Requirements and/or Guidelines _____

START DATE of Approved Telework ____/____/____ END DATE of Approved Telework
____/____/____

Telework Extension Approved until ____/____/____ by _____

Telework Extension Approved until ____/____/____ by _____

I agree to comply with the PHCS Telework Policy and guidelines as outlined on this Telework Request and Agreement Form and understand that failure to do so may result in my Telework approval being immediately revoked and/or being charged PTO, or if no PTO is available to me then loss of pay.

Printed Name PHCS Employee

Signature

____/____/____
Date

Printed Name of Supervisor

Signature

____/____/____
Date

Printed Name of HR

Signature

____/____/____
Date