



Human Resources

Telecommuting Procedures

PURPOSE	To outline the City of Hamilton ("the City") procedures for how Departments determine employee eligibility for Telecommuting and how to set up a Telecommuting arrangement, in accordance with the City's <i>Telecommuting Policy</i> .
SCOPE	These Procedures apply to all non-union City employees who have successfully completed their probationary period and have been authorized for Telecommuting by their Manager/ Supervisor through a signed Telecommuting Agreement.
RESPONSIBILITIES Supervisor/Manager	PROCEDURES 1. Assess Operational Readiness <ul style="list-style-type: none"> ○ Consider the total number of Departmental/Divisional staff telecommuting and whether operational requirements may be met if another Telecommuter is added at the present time. ○ Consult with Information Services to confirm availability of technology resources to support an additional employee working from home prior to further considering Telecommuting. 2. Determine whether Position is Conducive to Telecommuting <ul style="list-style-type: none"> ○ Consider the full scope of duties for a position to determine if it is possible for the employee to perform the duties working from home, with consideration of the following: <ul style="list-style-type: none"> • Jobs that involve working alone or working with specialized software or equipment that can be kept at the employee’s designated workspace are often suitable for telecommuting. • Jobs that require physical presence to perform the duties effectively (e.g. interacting with the public, etc.) are normally not suitable for telecommuting. The resources that an employee needs to do their job must be easily transportable or available electronically. For example, positions requiring the employees’ conversations to be recorded (e.g. Contact Centre staff



Supervisor /Manager

or HSR Info Clerks) are ineligible to work from home unless it is determined that voice recording is not required. This equipment cannot be provided or supported by Information Services at home. Positions that require continual access to on-site files or equipment are not a good fit for telecommuting.

- The frequency and time intensity of activities in the employee’s job description are important to consider. It is possible that certain activities may be excellent for telecommuting a few days a week (e.g. report writing), while the bulk of work activities are better performed on-site.

3. Determine whether Employee is a Good Candidate for Telecommuting

- Consider the employee’s past performance history; and whether the employee has attributes such as the ability to work well independently, good communication skills, team player, reliable, goal/results oriented, meets deadlines, has been disciplined.
- Prioritize requests based on a first received basis and experience/seniority in the role if multiple employees are interested in telecommuting and it can’t be operationally accommodated. It may be necessary to consider a rotating cycle for telecommuting.

4. Implement Employee Telecommuting Agreement

Once steps one through three are completed, the following steps are required to implement telecommuting arrangement with employee:

- Mutually agree upon telecommuting days and hours. Telecommuting hours may be different from Standard Business Hours. A regular schedule, including specific days and hours must be established as per Telecommuting Agreement (see Appendix A). All Telecommuting employees must be available during Core Business Hours
- Ensure sign off of Telecommuting Agreement by the Telecommuting employee, the employee’s supervisor / manager (or designate) and the General Manager (or designate).
- Provide a copy of signed Telecommuting Agreement to



<p>Supervisor /Manager</p>	<p>Information Services, to the Telecommuting employee and the employee’s manager/supervisor (or designate). Forward the original to Human Resources, HR Records for input into the system and retention in the employee's file.</p> <p>5. Making Changes to Employee Telecommuting Agreement</p> <ul style="list-style-type: none"> ○ If operational requirements change and telecommuting employee is called in frequently on a regularly scheduled telecommuting day, re-evaluate the compatibility of the employee’s position for telecommuting. Telecommuting Agreements may need to be terminated before the scheduled end date. ○ Ensure that all changes made to an employee's Telecommuting Schedule have written mutual agreement by both the employee and their manager/supervisor (or designate).
<p>Telecommuting Employee</p>	<ul style="list-style-type: none"> ○ Complete and sign the “Home Office Health, Safety & Wellness Checklist” (see Appendix B) and submit to Supervisor. ○ Review “How to Adjust Your Workstation (Ergonomic Check – Appendix C) and apply this to at-home office. ○ Be available by telephone or email during scheduled telecommuting hours listed in Telecommuting Agreement with the exception of lunch period or breaks. ○ Report any changes to home contact information to manager/supervisor (or designate) immediately or risk immediate termination of the Telecommuting Agreement. ○ Follow standard practices for work phone. During scheduled working hours, forward work phone to home number or mobile phone so calls from the public or internal staff are re-directed seamlessly. Alternatively, leave a voice-mail on work phone notifying callers of Telecommuting phone number and schedule. Respond to all messages within 48 hours, unless on vacation. ○ Maintain regular phone and email communication with manager/supervisor. It is critical to stay in contact to communicate status of work and identify any obstacles that may require input from others. ○ Comply with the City’s absence reporting requirements in



<p>Supervisors/Manager</p>	<p>accordance with the <i>Attendance Support Program (ASP)</i>.</p> <ul style="list-style-type: none"> ○ Review the employee’s “Home Office Health, Safety & Wellness Checklist” and address any issues identified. Sign and forward to HR Records in Human Resources for the employee’s file. Make copies for employee and manager/supervisor. ○ Adapt management style for telecommuting employees as appropriate in order to manage by results achieved by the employee and not by observation of the employee’s work habits or performance while in the office. ○ Maintain regular phone and email communication with the telecommuting employee. It is critical to stay in contact to understand status of work and communicate information the employee may need to receive while at their at-home workplace.
<p>COMPLIANCE</p>	<p>Failure to comply with these Procedures and its associated <i>Telecommuting Policy</i> may result in immediate termination of the Telecommuting Agreement; and may result in appropriate disciplinary measures, up to and including termination.</p>
<p>RELATED DOCUMENTS</p>	<p>The following related documents are referenced in this Procedure:</p> <ol style="list-style-type: none"> 1. Telecommuting Policy 2. Telecommuting Agreement Form (Appendix A) 3. Working at Home Safety Checklist (Appendix B) 4. How to Adjust Your Workstation –Ergonomic Check (Appendix C) 5. Declaration of Conditions of Employment Form (Appendix D)
<p>CONTENT UPDATED</p>	<p>2013-09-02</p>
<p>HISTORY</p>	<p>The below stakeholders were consulted on these Procedures:</p> <ul style="list-style-type: none"> ● Corporate Policy Review Group ● Legal Services ● Telecommuting Advisory Group ● Information Services
<p>APPROVAL</p>	<p>Approved by Human Resources Leadership Team on 2013-09-24</p>



Appendix A - Telecommuting Agreement

Name of Employee:
Division & Department:
Supervisor/Manager:
Location of Primary Office:
Location of Designated Workspace (Home Office):
Phone Number of Home Office:
Date Agreement is in Effect:
Date Agreement Expires:

Participation

The Telecommuting employee agrees to work at the approved Designated Workplace listed above and to follow all City of Hamilton (“City”) work-related policies and procedures. The employee recognizes that Telecommuting is not an employee entitlement but rather a benefit. In situations such as a pandemic response where there is limited Information Services capacity to support employees to work from home, Telecommuting positions that provide essential services will take priority. Advance completion of a Telecommuting Agreement is not required in situations such as pandemic response.

Trial Period

The City and the Telecommuting employee agree to this agreement for a trial three (3) month period, after which time both will review the schedule and success of the Telecommuting arrangement and make changes as necessary.

Salary and Benefits

The City and the employee agree that this Telecommuting Agreement is not a basis for changing the employee's salary, benefits, or OMERS eligibility; or any other term and condition of employment with the City.

Official Duties

The employee agrees **not** to conduct personal business while on official duty status at the Telecommuting Designated Workspace. For example: caring for family members or others; making home repairs, etc.

Policies & Procedures

The City and the employee continue to be responsible to be aware of and adhere to all City policies and procedures, as applicable.



Work Location & Schedule

The supervisor and Telecommuting employee agree the employee's location and work schedule will be:

Days	Location	Hours
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday / Sunday (if applicable)		

Leave

The employee agrees to follow established City policies and procedures for requesting and obtaining approval of leave and/or absences while working in the Telecommuting Designated Workspace. All absences must be reported in accordance with the *Attendance Support and Management Plan Policy*.

Overtime

Employee agrees that whether on City work site or working from their Telecommuting Designated Workspace to work overtime as per the City's *Over Time Policy (HR-20-09)*, only when approved by the manager/supervisor (or designate) in advance and understands that overtime work without such approval is not compensated and may result in termination of the Telecommuting Agreement and/or other appropriate action.

Equipment/Supplies

The employee agrees to protect all City owned equipment and to use the equipment only for official City business. The City agrees to provide application support and maintain any City owned equipment issued. The employee agrees to maintain any personally-owned equipment used like a printer or phone. The City agrees to provide the employee with all necessary office supplies.

List all computing or communications equipment such as a telephone, computer, personal digital assistant (PDA), or a wireless device such as a pager or cellular telephone issued by the City:

Equipment	Model Name & Number	Serial Number	Comments



Security

The employee agrees to abide by the City's *Computer and Technology Acceptable Use Policy* and strictly adhere to all IS Network Support security procedures. The employee must ensure their internet network is secured; and agrees not to use an unsecured wireless network. The work computer should only be used for City business related tasks.

Family and friends are not to use any City issued equipment, supplies or devices. In addition, the employee agrees that the configuration on the computer shall not be changed. This means not installing additional applications on the computer, and not changing the pre-set computer default security filters. While working off-site, the computer shall not be left unattended at an unsecured location where theft may occur. The employee also agrees to shred any locally printed City data to protect the security of City information.

Liability

The employee understands that the City shall not be liable for damages to an employee's personal or real property while the employee is working at the approved Designated Workplace, except to the extent the City is held liable by Legislation.

Designated Workspace

The employee agrees to set-up a home workspace adequate for performance of official duties. The employee agrees to complete, to the best of their ability, a Telecommuting Safety Checklist (Appendix B) to ensure health and safety requirements are met.

Expenses

The employee understands that the City shall not be responsible for any operating costs associated with the employee Telecommuting from their home Designated Workspace. This includes but is not limited to internet, home maintenance, insurance, installation of extra phone lines, office furniture, or electrical upgrades, or utilities. The employee understands s/he does not relinquish any entitlement to reimbursement for authorized expenses incurred while conducting business for the City, as provided for by statute and regulations.

The employee's department shall be responsible to make an authorization decision to reimburse the Telecommuting employee for any costs for office supplies, courier, and any business-related long distance phone charges in advance.

Incident / Injury Reporting

The employee agrees to notify their manager/supervisor (or designate) immediately of any work-related incident or injury that occurs within their Designated Workspace.

Work Assignments/Performance

The employee agrees to complete all assigned work according to procedures mutually agreed upon by the employee and their manager/supervisor (or designate) and according to guidelines and standards in the employee's performance agreement and terms and conditions of employment. The employee agrees to provide regular reports as required by the supervisor to help evaluate performance. The employee understands that a decline in performance may be grounds for cancelling the Telecommuting Agreement, at any time.



Disclosure

Employee agrees to protect City records from unauthorized disclosure or damage and will comply with requirements of any privacy legislation.

Code of Conduct for Employees

Employee agrees s/he will continue to follow the City's *Code of Conduct for Employees Policy* while working at the Designated Workspace.

Cancellation

Where a valid reason arises to do so, either the employee or their manager/ supervisor may terminate the Telecommuting Agreement, where the arrangement is voluntary, when reasonable notice is provided (e.g. two weeks). However, there may be instances where advance notice is not possible.

Other Action

Nothing in this agreement precludes the City from taking any appropriate corrective action should the employee fail to comply with the provisions of this agreement.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

General Manager Signature: _____ Date: _____

Original to: Human Resources Division for Employee File

Copies to : Information Services Division
 Supervisor/Manager
 Telecommuting Employee



Appendix B - Home Office Health, Safety & Wellness Checklist

NOTE: If completing by hand, add returns to fields that require additional space before printing this document.

The Employee

- Completes parts A. through G. of the checklist
- Submits the checklist to their Manager/Supervisor

The Manager / Supervisor

- Reviews the form and discusses any areas which the employee has responded “No”
- Takes action on items to be corrected
- Signs checklist once all areas have been satisfactorily addressed
- Submits copy of signed checklist to Human Resources for retention in employee’s file

Department	Division	Location
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A. WORKPLACE CONDITIONS	Y	N	ACTION REQUIRED/COMMENTS
1. Floors			
• Free of trip, slip, and fall hazards	<input type="checkbox"/>	<input type="checkbox"/>	
2. Corridors, Passageways, Aisles			
• Clear and unobstructed	<input type="checkbox"/>	<input type="checkbox"/>	
3. Stairs			
• Tread and edgings slip resistant	<input type="checkbox"/>	<input type="checkbox"/>	
• Handrail in safe condition	<input type="checkbox"/>	<input type="checkbox"/>	
• Clear and unobstructed	<input type="checkbox"/>	<input type="checkbox"/>	
4. Exits			
• Clear and unobstructed	<input type="checkbox"/>	<input type="checkbox"/>	
• Outside landings, walkways clean (snow/ice)	<input type="checkbox"/>	<input type="checkbox"/>	
5. Lighting			
• Walking/working areas adequately illuminated	<input type="checkbox"/>	<input type="checkbox"/>	



A. WORKPLACE CONDITIONS	Y	N	ACTION REQUIRED/COMMENTS
6. Ergonomics			
<ul style="list-style-type: none"> Employee knows and uses ergonomic principles at their workstation (See attached Ergonomics Checklist in Appendix C) 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> Employee knows and uses proper manual material handling (i.e. lifting/carrying) methods 	<input type="checkbox"/>	<input type="checkbox"/>	

B. STORAGE	Y	N	ACTION REQUIRED/COMMENTS
<ul style="list-style-type: none"> Adequate shelving or cabinets available 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> Shelving secured against tipping 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> Material properly stacked (heavy material on bottom) 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> Stored material secured to prevent shifting/falling 	<input type="checkbox"/>	<input type="checkbox"/>	

C. EQUIPMENT/FURNISHINGS	Y	N	ACTION REQUIRED/COMMENTS
1. Equipment Condition			
<ul style="list-style-type: none"> Is in safe operating condition 	<input type="checkbox"/>	<input type="checkbox"/>	
2. Furnishings (desk, chairs, file cabinet, etc.)			
<ul style="list-style-type: none"> Is in safe operating condition 	<input type="checkbox"/>	<input type="checkbox"/>	



D. ELECTRICAL	Y	N	ACTION REQUIRED/COMMENTS
<ul style="list-style-type: none"> • Power cords in good condition – no exposed wires, not frayed or with cracked or damaged plugs 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> • Power cords used safely – placed/secured to prevent tripping and not run under carpet 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> • Ground fault interrupter on plugs near water 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> • Adequate number of receptacles provided. No overloading outlets with too many plugs 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> • Receptacle plates in good condition – not broken, no evidence of burning 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> • Appliances and equipment plugged directly into receptacles when possible 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> • Power bars and surge protectors plugged directly into wall receptacles and not into each other 	<input type="checkbox"/>	<input type="checkbox"/>	

E. EMERGENCY SYSTEMS	Y	N	ACTION REQUIRED/COMMENTS
2. Fire/Emergency Response			
<ul style="list-style-type: none"> • Employee knows fire/evacuation procedures 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> • Employee knows working alone procedures 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> • Employee knows workplace violence procedures 	<input type="checkbox"/>	<input type="checkbox"/>	



G. ADDITIONAL COMMENTS

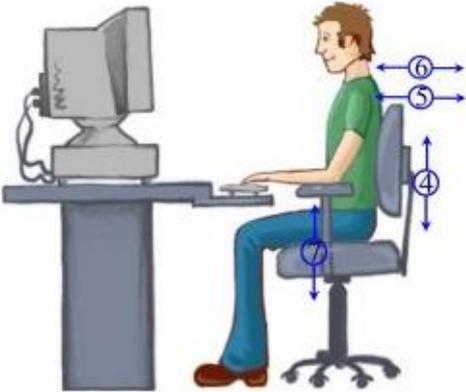
Signature of Employee		Name of Employee (PRINT)		Date (yyyy/mm/dd)

SUPERVISOR'S REVIEW: All areas have been reviewed and any action items need to be corrected and noted prior to supervisor approval.

Signature of Supervisor		Name of Supervisor (PRINT)		Date (yyyy/mm/dd)



Appendix C: How to Adjust Your Workstation (Ergonomic Check)

<p>Seat Adjustment</p> 	<ol style="list-style-type: none">1. Adjust the seat height, knees at 90°, with feet flat on the floor or on a footrest.2. Adjust the seat angle at the horizontal, if available.3. Adjust the seat depth, if available. The gap between the back of the knees and the front of the seat should be equivalent to the width of 2 or 3 fingers.
<p>Backrest and Armrest Adjustment</p> 	<ol style="list-style-type: none">4. Adjust the backrest height, if available. The curve of the backrest should fit the lumbar curve.5. Adjust the backrest tension. The backrest should offer adequate resistance based on the individual's weight.6. Adjust the backrest angle by locking the backrest between 90° and 135° or setting the backrest in tilt mode from 0 to 20°.7. Adjust the armrests, if available. The arms should be supported with shoulders relaxed and elbows at 90° and as close to the body as possible.

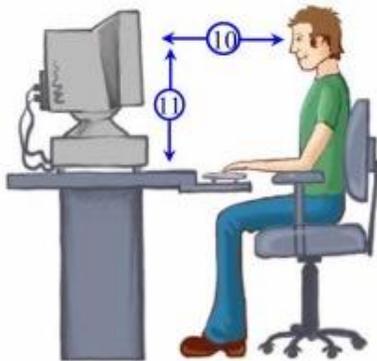
Keyboard Tray Adjustment



8. Adjust the keyboard tray height. The arms and forearms should form an angle of approximately 90° .

9. Adjust the keyboard tray angle. The wrists should be in a neutral position with minimal flexion or extension.

VDT Screen Adjustment



10. Adjust the eye-to-screen-distance. The eye-to-screen distance should be about one arm's length.

11. Adjust the height of the monitor. The horizontal line of vision should extend to the upper third of the display screen.

Reach Zone



12. Work tools should be as close to the worker as possible. Reach zones should be kept to a minimum.

Appendix D - Declaration of Conditions of Employment Form

The below is a link to Revenue Canada's *T2200 Conditions of Employment Form*. It is provided for employees who telecommute on a regular basis so they can to deduct employment expenses from his or her income. It should be filled out by the employee's supervisor for Telecommuting employees who spend more than 50% of their time working from a home Designated Workspace. A signed copy should then be provided to the employee for tax purposes.

<http://www.cra-arc.gc.ca/E/pbg/tf/t2200/t2200-08e.pdf>