

Prince George's County Government
Office of Human Resources Management

**TELEWORK ARRANGEMENT PROGRAM (TAP)
AGREEMENT**

INSTRUCTIONS:

Employee: Complete and forward application and training certificate to your Supervisor.
Supervisor: Sign, send to Agency AWA Coordinator.
Agency AWA Coordinator: Obtain Appointing Authority or designee concurrence and send completed form to County AWA Program Manager at AWA@co.pg.md.us

PART I. APPLICANT INFORMATION (to be completed by employee)

| | | |
|----------------------------|---|---------------------|
| EMPLOYEE LAST NAME: | EMPLOYEE FIRST AND MIDDLE INITIAL: | EMPLOYEE ID: |
|----------------------------|---|---------------------|

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|---------------------------|-------------------------|
| AGENCY/DEPARTMENT: | SUPERVISOR NAME: |
|---------------------------|-------------------------|

| | | |
|------------------------------------|----------------------|------------------------------|
| CLASSIFICATION & GRADE: | PHONE NUMBER: | DUTY STATION ADDRESS: |
|------------------------------------|----------------------|------------------------------|

EMPLOYEE ALTERNATIVE WORKPLACE
 Home (provide address below): OR Other Approved Alternative Workplace (describe below):

PART II: TELEWORK ARRANGEMENT AGREEMENT (Signatures are required on Page 2)

| | | |
|--|--------------------|-----------------------------|
| A. Application <input type="checkbox"/> New <input type="checkbox"/> Renewal | B. PURPOSE: | BEGINNING ON (DATE): |
| | | ENDING ON (DATE): |

C. SCHEDULE

| <i>FIRST WEEK</i> | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
|---------------------------------|---|---------|-----------|----------|--------|
| START TIME: | | | | | |
| LUNCH (30 OR 60 minutes) | <input type="checkbox"/> 30 <input type="checkbox"/> 60 | | | | |
| END TIME: | | | | | |
| HOURS WORKED: | | | | | |
| TOTAL HOURS: | | | | | |
| <i>SECOND WEEK</i> | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
| START TIME: | | | | | |
| LUNCH (30 OR 60 minutes) | <input type="checkbox"/> 30 <input type="checkbox"/> 60 | | | | |
| END TIME: | | | | | |
| HOURS WORKED: | | | | | |
| TOTAL HOURS: | | | | | |

Employee Agrees to the following program requirements:

1. Participate the program voluntarily and only with prior supervisor approval
2. Read, sign, and adhere to all provisions of Administrative Procedure 226 and the agreement including:
 - Certify that the workplace environment and computer workstation satisfy the stated safety and suitability agreements of the TAP agreement;
 - Complete the TAP Property Checklist (PGCSF 226-2);
 - Agree to notify supervisor immediately if an injury occurs while performing official duties at an approved alternative workplace so that the appropriate injury compensation forms may be completed in order to evaluate whether benefits are due under the Maryland Workers Compensation Laws;
 - Agree not to hold the County liable to damage to personal or real property during the course of performing official duties while in the employee's residence;
 - Adhere to all County and Agency/Department security policies and procedures;
 - Physically protect County equipment and data; and
 - Follow established County guides and reports actual or perceived lost or theft of county property or data within 1 hour.

3. Is bound by all County standards of conduct and performance standards, and will conduct official County business in a professional manner.
4. Use County equipment and resources only for official business
5. Perform only official duties during the tour of duty. The employee does not conduct personal business and ensures that personal responsibilities are arranged so that they do not conflict with the performance of official duties.
6. Perform work at a satisfactory level of performance as determined by the Agency and documented on the most recent performance appraisal rating of record.
7. Document and submit Telework Work Plans and other records of work performed as requested by the Agency for performance measurement purposes; attend meetings with the supervisor at the regular worksite to assess progress of work assignments (if required); and adhere to any other requirements established by the supervisor; division director or higher level official.
8. Follow all established pay, leave, tour of duty, time and attendance and travel requirements whether working at the alternative or regular workplace.
9. Complete TAP training, annual Security Awareness Training and other training that is or may be required as a condition of participating in the TAP.
10. Comply with County requirements for the use of Government and personal equipment and utilities for the performance of official duties.
11. Notify the Agency immediately if a malfunctioning computer, furniture, or other equipment prevents the employee from performing work duties.
12. Submit a renewal TAP agreement annually on the designated performance appraisal cycle in order to continue in the program for another year.
13. Provide a written 10-workday notice to the supervisor to terminate participation in the TAP program.
14. Notify the Agency AWA Coordinator when the TAP agreement should be terminated because of retirement, resignation or transfer to another position.

D: CONTINUITY OF OPERATIONS DURING EMERGENCY SITUATIONS

Employee is expected to telework for the duration of an emergency pursuant to:

1) Administrative Procedure 226; 2) a pandemic; 3) when the regular worksite is closed or closed to the public due to natural or manmade emergency situations (e.g., snowstorm, hurricane, act of terrorism, etc.); or 4) when County offices are open with the option for unscheduled telework (liberal leave) when weather conditions make commuting hazardous, or similar circumstances compromise employee safety. Employees unable to work due to personal situations (e.g., illness or dependent care responsibilities), must take appropriate leave (e.g., annual or sick). If the official duty location is closed or closed to the public, the employee will be granted administrative leave. Managers will include a description of emergency duties with this agreement if emergency duties are different from the employee's prescribed duties and responsibilities.

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| I have read the TAP agreement, discussed it with my supervisor and agree to all the terms. | EMPLOYEE (Print Name) | <i>Signature</i> | DATE |
| I have read the TAP agreement, discussed it with my employee and I: <input type="checkbox"/> Approve <input type="checkbox"/> Do Not Approve (explain in disapproved section below) | SUPERVISOR (Print Name) | <i>Signature</i> | DATE |
| <input type="checkbox"/> Approve <input type="checkbox"/> Disapprove | APPOINTING AUTHORITY OR DESIGNEE (Print Name) | <i>Signature</i> | DATE |

If disapproved, state reason for nonconcurrence and discuss with employee:

TELEWORK ARRANGEMENT PROPERTY CHECKLIST

INSTRUCTIONS:

Employee: Complete form and forward to superior.

Supervisor: Sign and forward with application.

| | |
|----------------------------|-------------------|
| Employee Name (Print Name) | AGENCY/DEPARTMENT |
|----------------------------|-------------------|

SECTION I – SAFETY CHECKLIST

| SAFETY FEATURE | YES | NO |
|--|-----|----|
| 1. Temperature, ventilation, lighting, and noise levels are adequate for maintaining a home office. | | |
| 2. Electrical equipment is free of recognized hazards that would cause physical harm (frayed, exposed, or loose wires; loose fixtures; bare conductors; etc.). | | |
| 3. Electrical system allows for grounding of electrical equipment (three-prong receptacles). | | |
| 4. Office (including doorways) is free of obstructions to permit visibility and movement. | | |
| 5. File cabinets and storage closets are arranged so drawers and doors do not enter into walkways. | | |
| 6. All cords, cables, phone and data lines, electrical cords, and surge protectors are secured under a desk or alongside a baseboard. | | |
| 7. If material containing asbestos is present, it is in good condition. | | |
| 8. Office space is free of excessive amount of combustibles, floors are in good repair, and carpets are well secured. | | |
| 9. Employee understands that while working from home through telework, they must adhere to County IT Security Policy and applicable laws. | | |

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|------------------------------|-----------------|
| 9. Employee Signature | 10. DATE |
|------------------------------|-----------------|

SECTION II – TECHNOLOGY/EQUIPMENT CHECKLIST

| (1) TECHNOLOGY/EQUIPMENT (Indicate all that apply) | (2) REQUIREMENT (Y or N) | (3) OWNERSHIP: AGENCY OR PERSONAL (A or P) |
|--|--------------------------------|--|
| 1. COMPUTER EQUIPMENT | | |
| a. LAPTOP | | |
| b. Tablet | | |
| c. OTHER: | | |
| 2. ACCESS | | |
| a. VPN ACCOUNT | | |
| b. OTHER: | | |
| 3. CONNECTIVITY | | |
| a. Personal at home Internet service | | |
| b. Mobile Hot Spot (MiFi, Wi-Fi, or via Mobile Phone) | | |

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|---|--|---|--|
| c. Hi Speed Internet Connectivity | | | |
| 4. REQUIRED ACCESS CAPABILITIES | | | |
| a. SHARED DRIVES (e.g., H, I, S, etc., local drives) | | | |
| b. O 365, e-mail, calendar, TEAMS | | | |
| c. OTHER APPLICATIONS: | | | |
| | | | |
| 5. OTHER IT EQUIPMENT/CAPABILITES | | | |
| a. Multi-function Printer/Scanner | | | |
| b. E-Signature | | | |
| c. Soft-phone (forwarding, tablet/laptop voice calling) | | | |
| d. e-FAX | | | |
| e. CELL PHONE | | | |
| f. Chargers, mouse, headphones, accessories | | | |
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| 6. SUPERVISOR SIGNATURE | | 7. DATE | |
| 8. EMPLOYEE SIGNATURE | | 9. DATE | |
| SECTION III – NOTICE OF TELEWORK ARRANGEMENT CANCELLATION (Complete this section when the telework agreement is cancelled.) | | | |
| 1. CANCELLATION DATE (MMDDYYYY) | | 2. INITIATED BY (X one) | |
| | | <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> MANAGEMENT | |
| 3. REASON(S) FOR CANCELLATION | | | |
| | | | |
| 4. COUNTY-FURNISHED EQUIPMENT/PROPERTY RETURNED <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| LIST PROPERTY AND DATE OF RETURN: | | | |
| | | | |