

DEPARTMENT OF THE ARMY
Corps of Engineers, Omaha District
215 North 17th Street
Omaha, Nebraska 68102-4978

DR 690-1-615

CEMRO-HR-S

Memorandum
No. 690-1-615

1 October 1992

Civilian Personnel
ALTERNATIVE WORKPLACE PLAN

1. Purpose. This memorandum establishes policies and procedures for the Omaha District Alternative Workplace Plan. It defines the requirements and criteria which must be met for participation in a alternative workplace arrangement, based on our interpretation of existing guidelines.
2. Applicability. Any civilian employee of the Omaha District or activity serviced by the Omaha District Human Resources Office may be considered for an alternative workplace arrangement.
3. References.
 - a. FPM Letter 368-1
 - b. DM 690-1-620
 - c. MRD-M 690-1-44
4. Definition. An alternative workplace is any space in an employee's residence specifically set aside for the purpose of performing work at home, or other geographical location specifically designated and agreed upon as an alternative workplace.
5. Policy. There are times when it is in the best interests of the organization and the employee that some work be performed at home or at some other designated alternative worksite. Provided that certain specific conditions are met, managers and employees will be allowed this flexibility when it is mutually advantageous and agreed upon. Work at home or at any other alternative workplace is considered an exception to the norm. Such an arrangement is to be approved only in situations where an employee is prevented from reporting for duty in the normal manner due to a limiting medical condition or some extraordinary personal circumstances. An alternative workplace arrangement will be established for a specific limited period of time (e.g., three weeks or three months).
6. Criteria. An alternative workplace arrangement may be approved only when the following criteria are met:
 - a. **The work is of a substantial nature.** Work is considered

substantial when a clearly identifiable product or service will be produced. Reading publications, contemplating work issues, etc., while necessary in many jobs, does not meet this criteria.

b. **The supervisor is able to verify that assigned work has, in fact, been accomplished satisfactorily.** A simple work plan establishing the nature and objective of tasks must be developed and agreed to by both employee and supervisor. It should include deadlines and due dates, and establish scheduled status reports/meetings on a regular basis. Quantifiable tasks can be evaluated the same way as when performed in the office. Measurement of non-quantifiable or project-oriented tasks should not change significantly. Measuring employee's output against prior on-site work history and with production of on-site workers doing similar tasks should enable the supervisor to judge productivity.

c. **There is a reasonable basis to justify the use of the home (or other site) as a workplace.** There must be a benefit to the employing organization as well as the individual. For example:

(1) A fully trained employee with serious health problems is not able to come to the office on a regular basis but can perform a substantial amount of work at home.

(2) An employee is temporarily disabled (convalescing from an injury or illness, in late term of pregnancy, etc.) and cannot travel to work but is able to work at home and wants to do so. Management needs the services of the employee and the work can be performed at the employee's home.

(3) A part-time employee's personal situation does not permit a full-time work schedule, but he/she can perform additional work at home. The agency needs the work done and the employee is the one most capable of performing it.

7. Documentation.

a. An alternative workplace request may be initiated by an employee or by the supervisor. It must be in writing and explain the basis for the request. An employee-initiated request must first have the approval of the immediate supervisor. Requests will be approved/disapproved by a higher level supervisor, no lower than a division or office chief.

b. Once a request is approved, a written agreement must be prepared and signed by the employee and immediate supervisor. The agreement will establish such things as the exact location of the alternative workplace, the work schedule, the duration of the

agreement, procedures for assigning work, how transportation of work items will be handled, what equipment will be assigned, and how performance will be evaluated. A sample agreement is included in appendix A.

c. A simple work plan must be prepared, either separately or as a part of the agreement when the arrangement will be of short duration. It should include details sufficient to assure a clear understanding of expectations and task objectives. Deadlines and due dates for completion of assignments should be included as well as a brief explanation of how performance will be measured.

8. Safety. An alternative workplace must meet established safety standards. The "Safety Checklist - Home Workplace" in appendix B is to be used for employee self-certification that a home workplace is safe. A representative of the Safety and Occupational Health Office may also be asked to conduct an on-site safety inspection. An employee on duty at an alternative work site is covered by the Federal Workers Compensation Program the same as when on duty at the official duty station. All injuries or accidents are to be reported to the immediate supervisor as soon as possible. The supervisor will coordinate with the Safety and Occupational Health Office to investigate the incident and will be responsible for timely preparation of report/claim forms.

9. Work Schedules and Leave. All work scheduling requirements and provisions for earning and using leave apply to an individual working at an alternative worksite the same as for individuals working at the official duty station. The individual may be placed on a fixed work schedule or may work a flexible schedule in accordance with provisions of the Omaha District Flexible Work Schedule Plan, DM 690-1-620, or the Missouri River Division Variable Workday Plan, MRD-M 690-1-44, as appropriate. Core hours must be accounted for each day with actual work time or with paid/unpaid leave. All leave must be requested and approved by the appropriate supervisor, in advance when possible. Unscheduled leave should be requested by telephone no later than 9:00 a.m. on the day of absence. All work and leave hours are to be recorded by the employee on ENG Form 4704, Alternate Work Schedule Time Record. Upon completion of each biweekly period, the employee must self-certify his/her time by signing the ENG Form 4704. Any additional limitations, restrictions, or other special provisions should be included in the employee-supervisor agreement.

10. Work materials and equipment may be charged out to an employee for use in an alternative workplace (e.g., desk, chair, typewriter or computer, software, modem, reference books, and writing materials). The type of equipment to be issued will be determined on a case-by-case basis.

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11. Orientation and Training. Employees should be properly oriented before entering into an alternative workplace arrangement. The employee-supervisor agreement will cover many issues. In addition, a questions and answers pamphlet entitled "Flexiplace" may be obtained from the Human Resources Office, Human Resources Services Branch (CEMRO-HR-S). Included in appendix C is an employee orientation checklist which may be used to assure that all pertinent topics have been addressed.

12. Program Coordinator. Please contact one of the personnel management specialists in CEMRO-HR-S if you are considering use of this program. Further information and/or assistance will be provided as needed. Forward a copy of each approved request for participation, along with supporting documentation, to CEMRO-HR-S for review and retention for statistical purposes.

FOR THE COMMANDER:

3 Appendices

APP A - Flexible Workplace
Employee-Supervisor
Agreement

APP B - Safety Checklist - Home Workplace

APP C - Employee Orientation Checklist


WILLIAM S. PAVLICK
LTC, EN
Deputy Commander

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APPENDIX A

FLEXIBLE WORKPLACE EMPLOYEE-SUPERVISOR AGREEMENT

The following constitutes an agreement between:

_____ and _____
(Agency) (Employee)

1. Employee voluntarily enters into this alternative workplace arrangement and agrees to adhere to the applicable guidelines and policies.

2. Duration of this agreement is _____,
beginning _____ and ending _____.

3. Employee's official tour of duty will be as follows:

<input type="checkbox"/> Flexible schedule	<input type="checkbox"/> Fixed hours
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

4. Employee's official duty station is: _____.
The alternate duty station is: _____.
Describe the designated work area in detail: _____

_____.

5. All pay, leave, and travel entitlements will be based on the employee's official duty station.

6. Employee will report all work time and hours of leave on ENG Form 4704. Hours will be reported telephonically to supervisor each week, followed by submission of the self-certified ENG Form 4704.

7. Employee must obtain supervisory approval before taking leave in accordance with established office procedures. By signing this form, employee agrees to follow established procedures for requesting and obtaining approval of leave.

8. Employee will be in pay status while working at his/her residence. If employee works overtime that has been ordered and approved in advance, he/she will be compensated in accordance with applicable laws, regulations, and FPM guidance. The employee understands that the supervisor will not accept the results of unapproved overtime work and will act vigorously to discourage it. By signing this form, employee agrees that failing to obtain proper

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approval for overtime work may result in termination of this agreement or other appropriate action.

9. If employee borrows Government equipment, employee will take reasonable steps to protect the equipment from damage or loss. Government owned equipment will be serviced and maintained by the Government. If employee provides own equipment, he/she is responsible for servicing and maintaining it.

10. Provided the employee is given at least 24 hours advance notice, the employee agrees to permit inspections by the Government of the home work site at periodic intervals during the employee's normal working hours to ensure proper maintenance of Government owned property and work site conformance with safety standards and other specifications in these guidelines.

11. Employee is covered under Federal Employee's Compensation Act if injured in the course of actually performing official duties at the official duty station or the alternate duty station.

12. Any accident or injury occurring at the alternate duty station must be brought to the immediate attention of the supervisor. Because an employment-related accident sustained by a flexiplace employee will occur outside of the premises of the official duty station, the supervisor must investigate all reports immediately following notification.

13. The Government will not be liable for damages to an employee's personal or real property during the course of performance of official duties or while using Government equipment in the employee's residence, except to the extent the Government is held liable by Federal Tort Claims Act claims or claims arising under the Military Personnel and Civilian Employees Claims Act.

14. The Government will not be responsible for operating costs, home maintenance, or any other incidental cost (e.g., utilities), whatsoever, associated with the use of the employee's residence.

15. Employee will meet with the supervisor to receive assignments and to review completed work.

16. Employee will complete all assigned work according to work procedures mutually agreed upon by the employee and the supervisor and according to guidelines and standards stated in the employee's performance plan.

17. Employee's job performance will be evaluated on criteria and milestones determined by the supervisor. The evaluation will be based on norms or other criteria derived from past performance, occupational standards, and/or other standards consistent with these guidelines. For those assignments without precedent or

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standards, regular and required progress reporting by the employee will be used by the supervisor to rate job performance and establish standards.

18. Supervisor will explain any safeguards necessary to protect Government/agency records from unauthorized disclosure or damage and employee will comply with such instructions.

19. This alternative workplace agreement may be terminated at any time by the employee or by management. Reasons for terminating the agreement must be documented. A reasonable amount of advance notice should be given when feasible. When the termination is management-initiated, the supervisor must assure that the employee has received written notice of the termination.

20. Employee agrees to limit performance of assigned duties to the official duty station or approved alternate duty station. Failure to comply with this provision may result in loss of pay, termination of this arrangement, and/or other appropriate disciplinary action.

Supervisor Date

Employee Date

APPENDIX B

SAFETY CHECKLIST - HOME WORKPLACE

EMPLOYEE NAME: _____
OFFICE NAME/SYMBOL: _____
HOME WORKPLACE TELEPHONE: _____
SUPERVISOR'S NAME/TELEPHONE: _____

The following checklist is designed to assess the overall safety of the alternate worksite. Each participant should read and complete this checklist. Upon completion, the checklist should be signed and dated by the participating employee and immediate supervisor.

The alternate worksite is _____. Describe the designated work area _____.

1. Is the space free of asbestos-containing materials? Yes ___ No ___
2. If asbestos-containing material is present, is it undamaged and in good condition? (Check only if applicable) Yes ___ No ___
3. Is the space free of indoor air quality problems? Yes ___ No ___
4. Is the space free of noise hazards (in excess of 85 decibels)? Yes ___ No ___
5. Is there a potable (drinkable) water supply? Yes ___ No ___
6. Is adequate ventilation present for the desired occupancy? Yes ___ No ___
7. Are lavatories available with hot and cold running water? Yes ___ No ___
8. Are all stairs with 4 or more steps equipped with handrails? Yes ___ No ___
9. Are all circuit breakers and/or fuses in the electrical panel labeled as to intended service? Yes ___ No ___
10. Do circuit breakers clearly indicate if they are in the open or closed positions? Yes ___ No ___
11. Is there an easily accessible phone with emergency numbers posted? Yes ___ No ___

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12. 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 fixed to the ceiling)? Yes ___ No ___
13. Will the building's electrical system permit the grounding of electrical equipment? Yes ___ No ___
14. Are aisles, doorways, and corners free of obstructions to permit visibility and movement? Yes ___ No ___
15. Are file cabinet and storage closets arranged so drawers and doors do not open into walkways? Yes ___ No ___
16. Are chair casters (wheels) secure?
Are the rungs and legs of chairs sturdy? Yes ___ No ___
17. Is the office overly furnished so as to be hazardous or congested? Yes ___ No ___
18. Are the phone lines, electrical cords, and extension wires secured under a desk or alongside a baseboard? Yes ___ No ___
19. Is the office space neat, clean and free of excessive amounts of combustibles? Yes ___ No ___
20. Are floor surfaces clean, dry, level, and free of worn or frayed seams? Yes ___ No ___
21. Are carpets well secured to the floor, and free of frayed or worn seams? Yes ___ No ___
22. Is there a smoke detector installed? Yes ___ No ___
23. Are there at least two unobstructed exits? Yes ___ No ___

Employee signature

Date

Immediate supervisor's signature
Approved/Disapproved

Date

NOTE: Supervisors are encouraged to conduct an on-site inspection. A Safety and Occupational Health Office representative may be asked to conduct the inspection and furnish advice on resolving any concerns. Employees are responsible for informing their supervisor of any significant change.

APPENDIX C
EMPLOYEE ORIENTATION CHECKLIST

The following checklist is designed to ensure that your flexiplace employee is properly oriented to the policies and procedures of the Omaha District Alternative Workplace Program. If any of the questions are not applicable, simply state n/a.

1. Employee has read DR 690-1-615, Omaha District's Alternative Workplace Plan, or the Missouri River Division Variable Workday Plan, MRD-M 690-1-44, as appropriate, and the Flexiplace question-and-answer pamphlet (required reading). Copies may be obtained from the Human Resources Office, Services Branch. _____
2. Employee has been provided with a work schedule specifying any restrictions or limitations to the applicable flexible work schedule plan, Omaha District DM 690-1-620, or MRD-M 690-1-44. _____
3. Employee has been issued equipment. _____
4. Equipment issued by the agency is documented. _____

Check as applicable:	YES	NO
-computer	_____	_____
-modem	_____	_____
-typewriter	_____	_____
-chair	_____	_____
-telephone	_____	_____
-other _____	_____	_____
5. Policies and procedures for care and use of equipment issued by the agency have been explained and any questions or issues resolved. _____
6. Policies and procedures covering classified, secure, or privacy act data have been discussed and any questions or issues resolved. _____
7. Requirements for an adequate and safe office space and/or area have been discussed, and the employee has certified those requirements are met. _____
8. Performance expectations have been discussed and any questions or issues resolved. _____

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9. Employee understands that either he/she or the supervisor may terminate employee participation under their alternative workplace agreement at any time.

Supervisor Signature

Employee Signature