



PGCSF Form 226-1

Alternative Work Arrangements (AWA) Agreement Form

FORM INSTRUCTIONS

Employee: Complete and forward application with a copy of your online AWA training certificate to your supervisor.

Supervisor: Review, sign, and submit the agreement with training certificate to your designated Agency AWA Coordinator.

Agency AWA Coordinator: Obtain Appointing Authority or designee concurrence and completed form to County AWA Program Manager at OHRM-AWA@co.pg.md.us

SECTION 1: APPLICANT INFORMATION (to be completed by employee)

EMPLOYEE LAST NAME: Last Name	EMPLOYEE FIRST AND MIDDLE INITIAL: First Name MI	EMPLOYEE ID: ID Number
AGENCY: Choose an item.	SUPERVISOR NAME: First and Last Name	
DEPARTMENT: Complete		
CLASSIFICATION & GRADE: Class and Grade	PHONE NUMBER: Enter Phone Number	DUTY STATION ADDRESS: Address
EMPLOYEE ALTERNATIVE WORKPLACE: Location: Choose an item. Address: Full address here		

SECTION 2: PROGRAM(S) REQUESTED (to be completed by employee)

Alternative Work Schedule Options (Flexible and Compressed Schedules)

<input type="checkbox"/>	Flexible Schedule: Indicate Work Hours Start Time: Click or tap here to enter text. End Time: Click or tap here to enter text.
<input type="checkbox"/>	Compressed Schedule Choose an item.

Telework Schedule Options (Routine & Situational)

<input type="checkbox"/>	Telework Routine (Routine) Indicate the days you wish to telework					
	Week 1	Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>	Thursday <input type="checkbox"/>	Friday <input type="checkbox"/>
	Week 2	Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>	Thursday <input type="checkbox"/>	Friday <input type="checkbox"/>
<input type="checkbox"/>	Telework (Situational)					

SECTION 3: RESULTING SCHEDULE ONLY

Telework Hours ONLY INPUT:	WORK HOURS and TOTAL HOURS	C. TELEWORK SCHEDULE (Complete <u>Only</u> for Telework Days)				
TELEWORK ONLY	WORK HOURS	MON	TUE	WED	THU	FRI
WEEK 1	0.00	0.00	0.00	0.00	0.00	0.00
LUNCH (INPUT 0.5 OR 1)	0.00	0.00	0.00	0.00	0.00	0.00



PGCSF Form 226-1

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WEEK 2	0.00	0.00	0.00	0.00	0.00	0.00
LUNCH (INPUT 0.5 OR 1)	0.00	0.00	0.00	0.00	0.00	0.00
REG WK HOURS (below)	WORK HOURS	0.00	0.00	0.00	0.00	0.00
Start: Click End: Click	TOTAL HOURS	0.00	0.00	0.00	0.00	0.00

SECTION 4: TELEWORK ARRANGEMENT AGREEMENT

A. Application Purpose

Choose an item.

B. PURPOSE:

Choose an item.

BEGINNING ON (DATE): Click or tap to enter a date.

ENDING ON (DATE): Click or tap to enter a date.

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 AWA agreement;
 - 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;
 - That the County is not responsible for 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 one (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 or higher 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 AWA training, annual Security Awareness Training and other training that is or may be required as a condition of participating in the AWA.
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 or other equipment prevents the employee from performing work duties.
12. Submit a renewal AWA 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 AWA program.
14. Notify the Agency AWA Coordinator when the TAP agreement should be terminated because of retirement, resignation, or transfer to another position.

**SECTION 5: SAFETY CHECKLIST FOR TELEWORK LOCATION**

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

SECTION 6: TECHNOLOGY/EQUIPMENT CHECKLIST

(1) TECHNOLOGY/EQUIPMENT (Indicate all that apply)	(2) REQUIRED (Yes or No)	(3) OWNERSHIP (Agency or Personal)	Asset Tag # - if owned by Agency
1. COMPUTER EQUIPMENT			
a. Laptop	Choose an item.	Choose an item.	Enter Text Here
b. Tablet	Choose an item.	Choose an item.	Enter Text Here
c. Other: Click or tap here to enter text.	Choose an item.	Choose an item.	Enter Text Here
2. ACCESS			
a. VPN Account	Choose an item.	Choose an item.	Enter Text Here
b. Other: Click or tap here to enter text.	Choose an item.	Choose an item.	Enter Text Here
3. CONNECTIVITY			
a. Personal at home Internet service	Choose an item.	Choose an item.	Enter Text Here
b. Mobile Hot Spot (MiFi, Wi-Fi, or via Mobile Phone)	Choose an item.	Choose an item.	Enter Text Here
c. Hi Speed Internet Connectivity	Choose an item.	Choose an item.	Enter Text Here
4. REQUIRED ACCESS CAPABILITIES			
a. Shared Drives (e.g., H, I, S, etc., local drives)	Choose an item.	Choose an item.	Enter Text Here
b. Office 365, E-mail, Calendar, TEAMS	Choose an item.	Choose an item.	Enter Text Here
c. Other Applications: Click or tap here to enter text.	Choose an item.	Choose an item.	Enter Text Here
5. OTHER IT EQUIPMENT/CAPABILITIES			



PGCSF Form 226-1

Alternative Work Arrangements (AWA) Agreement Form

a. Multi-function Printer/Scanner	Choose an item.	Choose an item.	Enter Text Here
b. E-Signature	Choose an item.	Choose an item.	Enter Text Here
c. Phone Software (forwarding, tablet/laptop voicecalling)	Choose an item.	Choose an item.	Enter Text Here
d. E-Fax	Choose an item.	Choose an item.	Enter Text Here
e. Cell Phone	Choose an item.	Choose an item.	Enter Text Here
f. Chargers, mouse, headphones, accessories	Choose an item.	Choose an item.	Enter Text Here

SECTION 7: 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). Managers will include a description of emergency duties with this agreement if emergency duties are different from the employee's prescribed duties and responsibilities.

7A. I have read the AWA agreement, discussed it with my supervisor and agree to all the terms.

EMPLOYEE

Type Name Here

Signature

Date

Click or tap to enter a date.

7B. I have reviewed the AWA agreement, discussed it with my employee and I have made the following determination:

Decision: Choose an item.

(If denied, please explain in section 7D)

SUPERVISOR

Type Name Here

Signature

Date

Click or tap to enter a date.

7C. I have reviewed the AWA agreement, discussed it with my employee and have made the following determination:

Decision: Choose an item.

(If denied, please explain in section 7D)

**APPOINTING AUTHORITY OR
DESIGNEE**

Type Name Here

Signature

Date

Click or tap to enter a date.

7D. If denied, state reason for nonconcurrence and discuss with employee:

Give reason



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SECTION 8: AWA PROGRAM(S) MODIFICATION (Describe: Example-Changed number of days)

8A. If modified, what are the new modifications? What have you changed from the original approval?

Describe: Click or tap here to enter text.

8B. I have been notified of the changes to my AWA agreement.

EMPLOYEE

Type Name Here

Signature

Date

Click or tap to enter a date.

8C. I have reviewed and discussed with my employee.

SUPERVISOR

Type Name Here

Signature

Date

Click or tap to enter a date.

8D. I have reviewed the AWA modified agreement, and have made the following determination:

Decision: Choose an item.

APPOINTING AUTHORITY OR
DESIGNEE

Type Name Here

Signature

Date

Click or tap to enter a date.

SECTION 9: AWA PROGRAM(S) TERMINATED (Check all that apply)

Alternative Work Schedule Options (Flexible and Compressed Schedules)

☐ Flexible Schedule

☐ Compressed Schedule

Telework Schedule Options (Routine & Situational)

☐ Telework (Routine)

☐ Telework (Situational)

REASON FOR AWA AGREEMENT TERMINATION: (SELECT BELOW)

Choose an item.

SECTION 10: NOTICE OF AWA TERMINATION (Complete this section when the AWA agreement is terminated)

1. TERMINATION DATE:

Click or tap to enter a date.

2. INITIATED BY:

Choose an item.

3. REASON(S) FOR TERMINATION: Choose an item.



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4. COUNTY-FURNISHED EQUIPMENT/PROPERTY RETURNED:

PROPERTY RETURNED	DATE OF RETURN
<input type="checkbox"/> Laptop	Click or tap to enter a date.
<input type="checkbox"/> Scanner/Printer	Click or tap to enter a date.
<input type="checkbox"/> MiFi	Click or tap to enter a date.
<input type="checkbox"/> Chargers, mouse, headphone, accessories	Click or tap to enter a date.
<input type="checkbox"/> Tablet	Click or tap to enter a date.
<input type="checkbox"/> Cell Phone	Click or tap to enter a date.

SUPERVISOR

Type Name Here

Signature

Date

Click or tap to enter a date.

Appointing Authority (or designee)

cc: Employee

Supervisor

Electronic Time System (ETS) Coordinator

Agency Alternative Work Arrangements (AWA) Coordinator