



Prince George's County Government
Administrative Procedure 226 Attachment B
Appointing Authority Customer Service Front-Facing Plan to DCAO

INSTRUCTIONS

Agency Appointing Authority or Designee: Complete and submit this plan to your DCAO.
Attach a copy of the Front-facing Staff Allocation Plan along with this document for each day of the week your Agency has customer service operations.

DCAO: Send a copy of the approved/disapproved plan to the OHRM-AWA@co.pg.md.us, and Appointing Authority.

SECTION 1: AGENCY INFORMATION

AGENCY NAME:

APPOINTING AUTHORITY:

First Name, Last Name

SECTION 2: Customer Front-Facing Plan

1. What is the coverage plan for employees who are scheduled for telework?
2. What is the customer service front-facing (external) plan for in-office days?
3. What is your plan to ensure phone coverage, especially during telework days?
4. What is the plan for delivering efficient internal customer service, such as prompt responses to emails, Teams calls, and Teams messages?



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5. What is the plan to ensure that customer service positions are always covered, even during lunch hours and all-staff meetings?
6. In the rare circumstance that all employees are needed for meetings, how will you communicate with external customers and internal team members that customer service assistance will not be available for a certain time? Will you do it in advance? How?
7. What is the plan to ensure that your team delivers high-quality external and internal customer service experiences? (e.g., Trainings, etc.)

8. Please submit worksheet using the example below: (Your AWA Coordinator will have this [worksheet](#).)

Personnel Area	Agency Name	Personnel Number	Pay Scale	Position Text	Pay Scale Group	Subgroup of Employee	Telework eligible class	AWS Work schedule	Number of telework days	Monday	Tuesday	Wed etc.
4350	ACC	12345	G - General	Aide 3G	G17	Prob FT	Yes	Standard	2	O: Office	O: Office	T: Telework



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SECTION 3: SIGNATURES AND APPROVALS

3A. Customer Service Front-Facing Plan by Appointing Authority Decision: <input type="text"/>	APPOINTING AUTHORITY OR DESIGNEE (Print Name)	Signature
		Date
3B. I have reviewed the Customer Service Front-facing Plan, discussed it with the Appointing Authority, and made the following determination: Decision: <input type="text"/> <i>(If denied, please explain in section 3C)</i>	DCAO or Designee (Print Name)	Signature
		Date
3C. If denied, state the reason for nonconcurrence and discuss with the employee:		