

Alternative Work Schedule (AWS) Application

Prince George's County Government, Office of Human Resources Management

Employee: Ensure you have spoken to your supervisor prior to completing and e-signing your sections of this form.

Supervisor: Review the employee's request and e-sign.

Agency AWA Coordinator: Review and ensure all fields are accurate.

Appointing Authority/Designee: Review and e-sign. The final document will be uploaded to the employee's electronic personnel file.

ACKNOWLEDGEMENT

By completing and signing this form, the employee has read and understands the Prince George's County Alternative Work Schedule (AWS) Program Procedure, Administrative Procedure 229, and is requesting to participate in the AWS Program.

PART I. EMPLOYEE INFORMATION

EMPLOYEE FIRST NAME:	EMPLOYEE LAST NAME:	EMPLOYEE ID:
AGENCY/DEPARTMENT:	SUPERVISOR NAME:	
CLASSIFICATION TITLE:	PHONE NUMBER:	UNION TYPE:

PART II: AWS ARRANGEMENT AGREEMENT

Alternative Work Schedule (AWS) Flexible Compressed (Select Drop Down)	BEGIN ON (DATE): END ON (DATE):
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PART III. SCHEDULE

SEE SAMPLE BELOW ON HOW TO COMPLETE THIS SECTION

FIRST WEEK	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
START TIME:					
END TIME:					
SECOND WEEK	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
START TIME:					
END TIME:					

PART IV: SIGNATURES AND APPROVALS

EMPLOYEE	PRINT NAME	SIGNATURE	DATE
I have read the AWS agreement, discussed it with my supervisor, and agree to all the terms.			
SUPERVISOR	PRINT NAME	SIGNATURE	DATE
I have read the AWS agreement, discussed it with my employee, and I:			
<input type="checkbox"/> Approve <input type="checkbox"/> Do Not Approve <i>If disapproved, you will be offered a comments section to enter the reason, once you have finalized the form.</i>			
APPOINTING AUTHORITY / DESIGNEE	PRINT NAME	SIGNATURE	DATE
I have read the AWS agreement and I:			
<input type="checkbox"/> Approve <input type="checkbox"/> Do Not Approve <i>If disapproved, you will be offered a comments section to enter the reason, once you have finalized the form.</i>			

EXAMPLE

Below is an example of how to accurately complete Part III. Schedule.

The example below is for someone that is requesting a **5 – 4/9 compressed schedule**. This means that the employee will work a total of eight (8) 9.5-hour days, one (1) 8-hour day, and then have one (1) AWS leave day, totaling eighty (80) hours biweekly.

PART III. SCHEDULE					
Enter your requested reschedule below					
FIRST WEEK	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
START TIME:	8AM	8AM	8AM	8AM	8AM
END TIME:	5:30PM	5:30PM	5:30PM	5:30PM	4:30PM
SECOND WEEK	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
START TIME:	8AM	8AM	8AM	8AM	OFF
END TIME:	5:30PM	5:30PM	5:30PM	5:30PM	OFF

ALTERNATIVE WORK SCHEDULE (AWS) OPTIONS

4/10 Compressed Schedule

A compressed work schedule plan offering employees the option to work four (4) 10-hour workdays. Participating employees will have one (1) AWS leave day per week.

9/80 Compressed Schedule

A work schedule offering employees the option to work four (4) 9-hour workdays and one (1) day completing four (4) hours.

5/4/9 Compressed Schedule

A work schedule offering employees the option to work five (5) 9-hour workdays during week one of the pay period. Week two will consist of three (3) 9-hour days, one (1) day at eight (8) hours, and one (1) AWS leave day for an 80-hour bi-weekly pay period.

Flex Band Schedule

A work schedule offering employees the option to arrive and depart work based on prescribed parameters established by the Appointing Authority. The flex band period is from 7:30 a.m. to 9:00 a.m. for arrival. Departure time is determined by the arrival time ensuring a full 8-hour workday.

TELEWORK ARRANGEMENT PROGRAM (TAP) AGREEMENT

Prince George's County Government, Office of Human Resources Management

INSTRUCTIONS

Employee: Ensure you have spoken to your supervisor prior to completing and e-signing your sections of this form.

Supervisor: Review the employee's request and e-sign.

Agency AWA Coordinator: Review and ensure that all fields are accurate.

Appointing Authority/Designee: Review and e-sign. The final document will be uploaded to the employee's electronic personnel file.

ACKNOWLEDGEMENT

By completing this form, the employee agrees to the following program requirements:

1. Participate in the program voluntarily and only with prior supervisor approval.
2. Read, e-sign, and adhere to all provisions of Administrative Procedure 226 and the TAP agreement, including:
 - Certify that the workplace environment and computer workstation satisfy the TAP agreement's stated safety and suitability agreements.
 - Complete the TAP Property Checklist (PGCSF 226-2).
 - Agree to notify the 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 to evaluate if benefits are due under the Maryland Workers' Compensation Laws.
 - Agree 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.
 - Follow established County guides and report actual or perceived loss or theft of County property.
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 TAP Training, annual Security Awareness Training, and other training 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 or other equipment prevents the employee from performing work duties.
12. Submit a renewal TAP agreement annually on the designated 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.

Continuity of Operations during an emergency situation:

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.).
4. When County offices are open with the option for unscheduled telework (i.e., 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, personal, or sick). Supervisors will include a description of emergency duties with this agreement if emergency duties are different from the employee's prescribed duties and responsibilities.

PART I. EMPLOYEE INFORMATION					
EMPLOYEE FIRST NAME:		EMPLOYEE LAST NAME:		EMPLOYEE ID:	
AGENCY/DEPARTMENT:		SUPERVISOR NAME:			
CLASSIFICATION TITLE:		PHONE NUMBER:		DUTY STATION ADDRESS:	
EMPLOYEE ALTERNATIVE WORKPLACE: <input type="checkbox"/> Home (provide address below) <input type="checkbox"/> Other Approved Alternative Workplace (describe below)					
PART II: TELEWORK ARRANGEMENT PROGRAM AGREEMENT					
A. Application		B. PURPOSE:		BEGIN ON (DATE):	
				END ON (DATE):	
PART III. SCHEDULE – TELEWORK DAYS ONLY					
SEE EXAMPLE BELOW ON HOW TO COMPLETE THIS SECTION					
FIRST WEEK	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
START TIME:					
LUNCH (30 OR 60 minutes)	<input type="checkbox"/> 30 MIN <input type="checkbox"/> 60 MIN				
END TIME:					
TOTAL HOURS (INCL. LUNCH):					
SECOND WEEK	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
START TIME:					
LUNCH (30 OR 60 minutes)	<input type="checkbox"/> 30 MIN <input type="checkbox"/> 60 MIN				
END TIME:					
TOTAL HOURS (INCL. LUNCH):					
TOTAL HOURS: (BY PAY PERIOD)					
PART IV: SIGNATURES AND APPROVALS					
EMPLOYEE	PRINT NAME	SIGNATURE		DATE	
I have read the TAP agreement, discussed it with my supervisor, and agree to all the terms.					
SUPERVISOR	PRINT NAME	SIGNATURE		DATE	
I have read the TAP agreement, discussed it with my employee, and I:	<input type="checkbox"/> Approve <input type="checkbox"/> Do Not Approve <i>If disapproved, you will be offered a comments section to enter the reason, once you have finalized the form.</i>				
APPOINTING AUTHORITY / DESIGNEE	PRINT NAME	SIGNATURE		DATE	
I have read the TAP agreement and I:	<input type="checkbox"/> Approve <input type="checkbox"/> Do Not Approve <i>If disapproved, you will be offered a comments section to enter the reason, once you have finalized the form.</i>				

EXAMPLE

Below is an example of how to accurately complete Part III. Schedule – Telework Days Only. The key details are:

1. **Only** enter time for the days you telework.
2. Enter your telework days for the **First Week** and **Second Week** of a pay period.
3. **Total Hours (INCL Lunch)** field should equal the total hours you worked for that day, **plus** your lunch break (30 min or 60 min).
4. **Total Hours: (By Pay Period)** should equal the totals from **Total Hours (INCL Lunch)** fields from First Week and Second Week.

The example below is for someone that is requesting telework for Tuesday and Thursday.

PART III. SCHEDULE – TELEWORK DAYS ONLY					
SEE EXAMPLE BELOW ON HOW TO COMPLETE THIS SECTION					
FIRST WEEK	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
START TIME:		8:00AM		8:00AM	
LUNCH (30 OR 60 minutes)	<input checked="" type="checkbox"/> 30 MIN <input type="checkbox"/> 60 MIN				
END TIME:		5:30PM		5:30PM	
TOTAL HOURS (INCL. LUNCH):		9.5		9.5	
SECOND WEEK	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
START TIME:		8:00AM		8:00AM	
LUNCH (30 OR 60 minutes)	<input checked="" type="checkbox"/> 30 MIN <input type="checkbox"/> 60 MIN				
END TIME:		5:30PM		5:30PM	
TOTAL HOURS (INCL. LUNCH):		9.5		9.5	
TOTAL HOURS: (BY PAY PERIOD)		19		19	

TELEWORK ARRANGEMENT PROGRAM (TA) PROPERTY CHECKLIST

Prince George's County Government, Office of Human Resources Management

PART I. EMPLOYEE INFORMATION

EMPLOYEE FIRST NAME:	EMPLOYEE LAST NAME:	EMPLOYEE ID:	AGENCY/DEPARTMENT:
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PART II: SAFETY CHECKLIST

SAFETY REQUIREMENTS	SELECT Y/N
Temperature, ventilation, lighting, and noise levels are adequate for maintaining a home office.	
Electrical equipment is free of recognized hazards that could cause physical harm (e.g., frayed, exposed, or loose wires; loose fixtures; bare conductors; etc.).	
Electrical system allows for grounding of electrical equipment (i.e., three-prong receptacles).	
Office, including doorways, is free of obstructions to permit visibility and movement.	
File cabinets and storage closets are arranged so that drawers and doors do not block walkways.	
All cords, cables, phone and data lines, electrical cords, and surge protectors are secured under a desk or alongside a baseboard.	
If material containing asbestos is present, it is in good condition.	
Office space is free of excessive combustibles, floors are in good repair, and carpets are well secured.	
Employee understands that while working from home through telework, they must adhere to the County IT Security Policy and applicable laws.	

PART III: TECHNOLOGY/EQUIPMENT CHECKLIST

Please select all Agency supplied equipment

COMPUTER EQUIPMENT	AGENCY SUPPLIED (Y/N)	ASSET TAG NUMBER(S) (If Applicable)
Laptop with Charger		
Tablet		
Monitor(s)		
Printer/Scanner(s)		
Cell Phone		
Docking Station		
Accessories (i.e., Mouse, Headphones)		
Mobile Hot Spot		

PART IV: SOFTWARE

Shared Drives (e.g., H, I, S, local drives, etc.) Phone Software (Avaya) Other:	Office 365, E-mail, Calendar, TEAMS Adobe D/C (E-Signature)	VPN (Cisco AnyConnect)
Do you have personal internet access and/or high-speed internet connectivity at home?		