

DMA Policy: 3-0220

Name: WORK SCHEDULE POLICY

Approval Signature:



Effective Date: January 1, 2018

Last Revised: November 20, 2017

PURPOSE

The Department of Military Affairs (DMA) is committed to providing service during the core business hours of 8:00 a.m. to 5:00 p.m., Monday through Friday in accordance with 2-16-117(1), MCA. Division Administrators or appropriate management designee have the authority to assign and approve work schedules and are required to monitor and ensure appropriate coverage. This policy pertains to employee-initiated requests for an alternate work schedule as necessary for successful operation of the department's programs. Should a conflict exist between an employee's preference for an alternate work schedule or agreement, and program needs, the program needs will take precedence.

Employees who work assigned work schedules or whose schedules are subject to change are not considered eligible to work an alternate work schedule or telework agreement.

This policy will be followed unless it conflicts with negotiated labor contracts, which will take precedence to the applicable extent.

DEFINITIONS

Regular work schedule – A regular work schedule is an eight (8) hour day, set within the hours of 6:00 a.m. and 6:00 p.m. to include a scheduled meal break between 11:00 a.m. and 2:00 p.m. for a Monday through Friday workweek. This includes one (1) morning 15 minute rest break and one (1) afternoon 15 minute rest break.

Any work schedule differing from a regular work schedule with respect to work day or work week is an alternate work schedule, an assigned work schedule or a telework agreement.

Alternate Work Schedule – An alternate work schedule is a work schedule requested by an employee and approved by management that does not fall under the regular work schedule definition. The Alternate work schedule includes a scheduled meal break between 11:00 a.m. and 2:00 p.m. for a Monday through Friday workweek and typically one (1) morning 15 minute rest break and one (1) afternoon 15 minute rest break. A short term or temporary change in a work day or work week is not an alternate work schedule.

Assigned work schedule – An assigned work schedule is a work schedule assigned to an employee by management that is not a regular or alternate work schedule or a telework agreement. Nothing in this policy limits the authority of management to assign work schedules.

Telework agreement – The DMA follows the Department of Administration's (DOA) MOM's Telework policy and will provide a written agreement between agency management and the employee detailing the terms and conditions of an employee's work away from the central workplace. Work agreements are required for telework.

Rest Breaks – In accordance with ARM 24.16.1006 Rest and Meal Periods, rest breaks are counted as paid time and can exceed 15 minutes if combined to create one half hour break. The 15 minute rest breaks are allowed, upon supervisor approval, to be combined into a 30 minute timeframe, which can be utilized as agreed upon in the *Work Schedule Agreement*. The combined rest break period of 30 minutes can be used during time periods/locations typical to duties/activities associated with the *Work Schedule Agreement's* work environment. Any exceptions to the employee's work schedule must be authorized by their immediate supervisor.

Commuting time does not typically constitute duties or activities associated with the *Work Schedule Agreement* and its daily duties/activities/environment.

Meal Breaks - Meal breaks are not paid work time. They may be scheduled in one-half hour increments, not to exceed one hour, between the hours of 11:00 a.m. and 2:00 p.m. Lunch schedules must be adhered to, and cannot infringe upon other employee's designated lunch breaks.

POLICY

Work Schedule Agreements

Employees who desire to temporarily alter their work schedule, work location, or agreed upon lunch breaks, are required to receive prior approval from their supervisor each instance. Permanent Alternate Work Schedules must be approved by a Branch Managers or the Division Administrator. Telework agreements must be approved by the Division Administrator.

Supervisory personnel are responsible for ensuring that any hours worked causing an employee to accrue overtime and/or nonexempt compensatory hours are necessary in order to accomplish a departmental task. Supervisors are to ensure overtime expenditures can be paid within the approved budget and/or that the work unit will not be disrupted when an employee takes earned nonexempt compensatory time off.

Supervisors and employees may adjust hours within the workweek whenever possible to avoid the accrual of overtime or compensatory time. Annual leave, sick leave and/or compensatory leave may not be used to cause compensatory or overtime to be earned. Employees must request prior supervisory approval of accruing overtime and/or nonexempt compensatory hours.

Timesheets and holidays

Timesheets are to indicate actual time worked and leave taken. Work schedules in excess of forty (40) hour work weeks are to have prior supervisor approval and recorded as compensatory time earned or overtime, depending upon FLSA status and/or employee's designation on file in the Director's Office. No employee will earn more than eight (8) hours of holiday pay for any holiday, regardless of the employee's work schedule.

Employees working an alternate work schedule will adjust their work schedule, or utilize vacation or compensatory leave time during pay periods with holidays in order to obtain a total of forty (40) paid hours in the same work week.

Attendance at meetings and training

All Department employees utilizing alternate work schedules are required to make the necessary arrangements to be present at required meetings or training sessions. Employees in a Telework agreement shall make arrangements with their immediate supervisor.

Attendance may be mandatory even if the meeting or training session conflicts with an approved alternate work schedule or Telework agreement. If an employee's duties require considerable or frequent interaction with other employees or the public in order to perform required tasks, approval for an alternate work schedule may not be granted if it significantly reduces the amount of cooperative work time available.

Off-site/Field work

Department employees utilizing alternate work schedules or Telework agreements are required to agree upon work schedules to fit Department and program needs. Additional vehicle use and/or program costs will not be allowed in order to accommodate variations in work schedules.

Exceptions

Any work schedule or telework request and/or exceptions outside of this policy must have Division Administrator approval. The employee's immediate supervisor must submit a written justification for the action, it shall comply with federal and state policies and laws.

Questions concerning this policy should be directed to the DMA Human Resources Officer.

Department of Military Affairs Regular Work Schedule Agreement

Employee Name:		Office Location:	
WORK SCHEDULE			
Starting Time:	Ending Time:	Lunch Break (state time):	
Rest Breaks (state time): 2 - 15 minute a.m./p.m.		OR	1 - 30 minute combined rest break
Employee Signature:		Date:	
IMMEDIATE SUPERVISOR			
<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove		Comments:	
Signature:		Date:	
DIVISION ADMINISTRATOR OR BRANCH MANAGER			
<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove		Comments:	
Signature:		Date:	

RECORD KEEPING:
 Original – Human Resources
 Copy – employee & supervisor

Department of Military Affairs Alternate Work Schedule Agreement

Note: Office coverage between 8:00 – 5:00 M-F and program needs take priority over alternate work schedules.

Employee Name:		Employee ID:	
Position Title:		Program Name:	
Office Location:			
REQUESTED WORK SCHEDULE			
Starting Time:	Ending Time:	Lunch Break (time):	
Rest Breaks (time): 2 - 15 minute a.m./p.m.		1 – 30 minute combined rest break	
Requested Effective Date:			
Employee Signature:			Date:
IMMEDIATE SUPERVISOR			
<input type="checkbox"/> Approve		<input type="checkbox"/> Disapprove	
Comments:			
Signature:			Date:
DIVISION ADMINISTRATOR			
<input type="checkbox"/> Approve		<input type="checkbox"/> Disapprove	
Comments:			
Signature:			Date:

RECORD KEEPING:
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Department of Military Affairs Telework Agreement

The Department of Military Affairs (DMA) permits and encourages agency management to designate positions and employees eligible to work at agency-approved alternate work sites, usually the employee's home, for all or part of their workweek to promote general work efficiencies. The following DMA Telework Agreement is in compliance with the Department of Administration Telework Policy.

The central work site for all Helena area employees is the DMA Headquarters located at 1956 Mt. Major Street, Fort Harrison, MT 59636. Disaster Emergency Services District Field Officers must complete a Telework Agreement which specifies the location of their work site.

Alternate Work Site

Employee Name: _____

Location/Address (specify location if in home):

Central Work Site

Will the teleworker maintain a workstation or office at the central workplace when this telework agreement takes effect? Yes ___ No ___

Schedule

___ **Fixed:** Telework days and hours are scheduled and will not be substituted without advance approval of the manager.

___ **Flexible Schedule:** Telework days may fluctuate weekly and will be mutually agreed upon by the supervisor and the employee.

Schedule:

Telework Days: Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___ Saturday ___

Telework Time: Start: _____ Finish: _____ Total Hours Per Day: _____

Lunch: _____ to _____ Rest Breaks: _____

The supervisor must approve use of sick leave, vacation, comp time, or other types of leave in advance. Compensatory or Overtime must be approved in advance by the supervisor.

Travel Status and Per Diem: Applicable in accordance with DOA MOM's Employee Travel Policy.

Telework tasks and duties (Describe the telework tasks, duties, and expectations):

Computer Equipment

The agency is not responsible for lost or damaged private property. The state may pursue recovery from the employee for state-owned property deliberately or negligently damaged or destroyed while in the teleworker's care, custody, or control. In the event of state-owned equipment failure, the teleworker must immediately notify their supervisor and may be assigned to another project and/or work location. The employee shall surrender all state-owned equipment and data documents immediately upon request.

Safeguarding information

Teleworker agrees to safeguard all agency information used or accessed at all times.

Expenses

State-Owned Equipment: The provisions of 2-2-121, MCA, apply to state-owned equipment used by state employees for telework. Employees are responsible for protecting state-owned equipment from theft, damage, and unauthorized use. The agency will maintain, service, and repair state-owned equipment used in the normal course of employment.

DMA Employee, _____ (name) is responsible for transport and installation of state owned equipment. _____ (name) will return the state owned equipment to the DMA Director's Office for repairs and service or upon termination of the telework agreement.

DMA may use appropriated funds to provide utility equipment and services generally available in the central work location. If a phone is not provided, DMA may reimburse employee for business-related long-distance calls made from their personal telephones, per the DMA 67010-5 Reimbursement of Personal Cellular Devices Policy.

Information Technology Inventory

ITEM	Serial #		

Employee-Owned Equipment: The agency will not assume responsibility for cost, repair, or service when authorizing employees to use their own equipment unless approved by management.

The agency will pay for the following expenses:

- Business-related telephone calls as an additional cost Yes No
- Maintenance, repairs, or service, to state-owned equipment Yes No
- Broadband Connection Yes No

Requests for reimbursement will be submitted according to agency policy for reimbursable expenses.

The agency will not pay for the following expenses:

- Maintenance, repairs, or service, to privately owned equipment.
- Utility costs associated with the use of the computer or occupation of the alternate work site.
- Homeowners' or Renters' Liability insurance to cover the use of space in the alternate work site.
- Travel expenses associated with commuting to the central office.

Furnishings and Supplies

Teleworkers will provide their own office furnishings and supplies. If the interest of the agency requires the employee to telework, agency management may provide the following state-owned office furnishings and supplies:

Inventory

Communication

Will the following be used?

- | | |
|---------------------------------|----------------|
| Answering machine or voice mail | Yes ___ No ___ |
| Internet/Video conferencing | Yes ___ No ___ |
| E-mail | Yes ___ No ___ |

Other:

- The employee will stay in contact with the main office through phones and email.
- The employee will promptly notify the supervisor when unable to perform work assignments due to equipment failure or other unforeseen circumstances.

Other procedures: ___

Terms of the Agreement

Date telework begins: _____

Date telework agreement reviewed (minimum of annually): _____

Termination

The Department may terminate this agreement at any time. When possible the supervisor and/or employee will give 30 days advance notice prior to terminating this agreement.

Other

Describe any other conditions of this Agreement:

Acknowledgement

By signing this telework agreement, I acknowledge that I have read and understand the state's telework policies and this agreement. I agree to comply with their terms and conditions. I understand this agreement's purpose is to set out the terms of my telework. This agreement is not an employment contract nor is it an amendment to one.

_____ Date: _____
Employee's Signature

Employee's name printed

By signing this telework agreement, I certify that I have discussed the terms and conditions of the state's and agency's telework policy and this agreement with the above-signed employee. The employee has been given an opportunity to ask questions and indicates an understanding of the agreement and the policy.

_____ Date: _____
Supervisor's Signature

_____ Date: _____
Division Administrator Signature

RECORD KEEPING:
Original – Human Resources
Copy – employee & supervisor