



DEPARTMENT OF EMPLOYEE RELATIONS

Issue Date: May 27, 2021

Alternative Work Arrangement (AWA) Agreement

Mark N/A for sections that do not apply to specific AWA.

Employee Information

Employee Name: _____
Employee ID: _____
Job title: _____
Department/Division: _____
Name of supervisor or manager: _____
Work Location: _____

Regular Work Schedule and Hours

Please complete the following biweekly schedule

If working remote on occasional basis, leave the schedule blank and check box here: []

Table with 2 main sections: Pay Week and Non-Pay Week. Each section has columns for Day, Time, and Location (Remote/Onsite) with checkboxes.

Remote Office

Remote work location: _____
Address
City State Zip Code Country
Work Phone Number Cell Phone Number

Assets

The City of Milwaukee assets to be used at remote work location: <List hardware such as laptop, monitor, printer, phone, etc.>

Expenses

Unless specifically stated otherwise by The City of Milwaukee, employees will not be reimbursed for any home office expenses, such as office supplies not approved by the department, furniture, internet, heating and cooling costs.

Work Review Periods

Describe the frequency and manner (phone, email, virtual meeting) in which the employee and supervisor will touch base to discuss status of projects.

- Daily _____
- Weekly _____
- Monthly: _____
- Quarterly: _____
- Other (i.e. biweekly): _____

Work Hours

It is the employee's responsibility to give accurate and up-to-date information to the supervisor regarding work hours and location (if applicable). The employee will maintain the hours of work stated in this agreement.

In the event of a schedule conflict, departmental requirements take precedence over the schedule and alternative work arrangements specified in this agreement. Management will provide the employee with advance notice, if possible, when flextime schedules or remote work must be changed or revoked.

Vacation time, sick leave, and other leave benefits must be authorized according to regular PTO policies.

Technical and supervisor support cannot be assured beyond 8am to 4:45 pm, when most regular working hours are scheduled.

Health and Safety

The health and safety of remote workers is a top priority of The City of Milwaukee and the following safety guidelines should be followed:

- A designated workspace shall be maintained by the employee at the alternate work location. Worker's Compensation liability will be limited to work-related injuries at this workspace as opposed to applying to all areas of the home.
- Make sure a list of emergency phone numbers (hospital, fire department and police department) are posted at the alternate work site.
- A first aid kit should be easily accessible and supplies should be replenished as needed.
- Keep a portable fire extinguisher easily accessible and serviced as needed and make sure smoke detectors are in working order at the alternate work location.
- When arranging your workstation, make sure to avoid unnecessary back, arm, neck, and eye strain. Adjust your computer screen so that it is approximately 18-26 inches from your eyes and its height is slightly below eye level.
- Make sure your work area is kept clean and walkways are clear to prevent tripping or other injuries.
- The work area should be adequately well-lit, heated, and ventilated for comfort while working. Computer, printer, and other electronics should be kept out of direct sunlight and away from heaters.
- Storage must be organized to minimize risks of fire and spontaneous combustion. Heavy items need to be securely placed on sturdy stands close to walls.

- All extension cords must include surge protectors and be plugged in to grounded outlets. Extension cords and other cables need to be free of tangles at all times.
- Employees must complete and sign the Remote Work Safety and Ergonomic Checklist (see below) before beginning a remote work arrangement.

Training and Meetings

Certain in-person meetings may be mandatory and employees are expected to attend unless otherwise excused by their supervisor/manager. Reasonable notice of upcoming meetings will be given.

Equipment

The City of Milwaukee equipment is to be used for work-related projects only. You may not use City equipment for unlawful purposes, for work for other employers, personal reasons or allow others to use it. Any hardware or software purchased by the City remains the property of the City and will be returned upon request; products developed while working remote are the property of the City. Equipment no longer used by an employee must be returned on his or her next day in the office or on their last day of employment with the City. Software used by an employee is subject to the same restrictions on duplication and unauthorized use as software used in the office.

The City of Milwaukee assumes no responsibility for the repair, maintenance, or replacement of personally-owned equipment used for remote work.

Security of Information

Employees may not compromise the confidentiality or security of The City of Milwaukee information. The employee must comply with the policies and guidelines of proper use of information technology. Breaches of information security while working remote, whether by accident or design, may be cause to revoke the agreement and/or disciplinary action.

Domestic Care

During established work hours, the employee agrees that family care demands shall not interfere with work. It is expected that remote working employees will have appropriate care arrangements in place for family members that require it. Remote work will not be a substitute for day care. Similarly, pets and other distractions may not impede the employee's ability to effectively perform job duties.

Acknowledgement

- By signing this working agreement, I have read and will comply with the duties, obligations, responsibilities, and conditions described above.
- I understand the Alternative Work Arrangements Policy and agree to follow the policy.
- I understand that my City workspace may be reconfigured if I am on a permanent remote work schedule.
- My Department has the authority to discontinue this Agreement at any time with seven (7) calendar days written notice. AWAs may be revoked immediately if a situation or circumstances warrant immediate discontinuation.
- The City of Milwaukee may at any time change any or all of the conditions under which I am permitted to an AWA.
- I understand that all City policies and procedures apply to off-site work locations.
- I must regularly demonstrate the ability to work independently, communicate effectively with my manager and other employees and meet the performance expectations of my position.
- I can provide a work environment where interruptions and distractions are minimized so they do not impact my ability to accomplish my assigned work.
- My remote worksite is, and will be maintained as safe and healthy, free from recognized hazards that may cause injury or death.
- I understand that any injuries I sustain in the course of my work must be immediately reported to my supervisor.
- The City is not responsible for loss or damage caused by its equipment located in the employee's home. The City is not responsible for loss or damage to the employee's other home computer devices caused by communication of virus/malware from City equipment in the home network.
- I will only use the city provided laptop to create or store work-related documents, I will ensure those documents are kept safe and confidential.
- I will not allow unauthorized individuals to use City provided equipment and I will not share my work-related documents, passwords, etc. with anyone not authorized to receive them.
- I will comply with records retention policies related to those work documents and fully cooperate in the production of public records requested.

- All equipment, records, and materials that are the property of the City shall be returned to the City at the conclusion of the remote work arrangement.
- I understand that my AWA including remote work is voluntary and I may stop the AWA/working remote at any time.
- My AWA will be reviewed on an annual basis.
- I have no property or vested right to an AWA and I do not acquire such a right by being provided the opportunity to -have an AWA for any period of time.
- I cannot grieve the decision of my department director or designee to not grant, not renew, or revoke the opportunity for an AWA.

Employee Signature: _____ Date _____

Approval of Agreement

Manager Signature: _____ Date _____

Department Head or Designee or Personnel Officer

Signature: _____ Date _____

Date of last performance evaluation: _____

Remote Work Safety and Ergonomic Checklist

Within the Designated Workspace:

1. Are all stairs with four or more steps equipped with handrails?
Yes No N/A
2. Are all circuit breakers and/or fuses in the electrical panel labeled as to intended service?
Yes No N/A
3. Is all electrical equipment free of recognized hazards that would cause physical harm (frayed wires, bare conductors, loose wires, flexible wires running through the walls, exposed wires fixed to the ceiling)?
Yes No N/A
4. Are aisles, doorways, and corners free of obstructions to permit visibility and movement?
Yes No N/A
5. Are file cabinets and storage closets arranged so drawers and doors do not open into walkways?
Yes No N/A
6. Are the phone lines, electrical cords, and extension wires secured under a desk or alongside a baseboard?
Yes No N/A
7. Is the office space neat, clean, and free of excessive amounts of combustibles?
Yes No N/A
8. Are floor surfaces clean, dry, and level?
Yes No N/A
9. Are carpets well-secured to the floor and free of frayed or worn seams?
Yes No N/A
10. Is there sufficient light for reading?
Yes No N/A

Computer Workstation:

11. Is your chair adjustable?
Yes No N/A
12. Is your back adequately supported by a backrest?
Yes No N/A
13. Are your feet on the floor or fully supported by a footrest?
Yes No N/A
14. Are you satisfied with the placement of your monitor and keyboard?
Yes No N/A
15. Is it easy to read the text on your screen?
Yes No N/A
16. Do you need a document holder?
Yes No N/A
17. Do you have enough leg room?
Yes No N/A

18. Is the screen free from noticeable glare?

Yes No N/A

19. Is the top of the screen eye level?

Yes No N/A

20. Is there space to rest your arms while not keying?

Yes No N/A

21. When keying, are your forearms close to parallel with the floor?

Yes No N/A

22. Are your wrists fairly straight when keying?

Yes No N/A

By signing this document, the employee certifies that all of the above applicable questions were answered "yes" or if any were answered "no" that the employee will take all necessary corrective actions to eliminate any hazard before beginning to work remotely.

I have read and will comply with these health and safety recommendations.

Employee Signature

Date