


Guam Behavioral Health and Wellness Center		
TITLE: Guidance on the Use of Telework	POLICY NO.: AD-HR- 11	Page 1 of 4
APPLICABILITY: Agency Wide		
APPROVED BY:  THERESA C. ARRIOLA, DIRECTOR		DATE OF ORIGINAL APPROVAL: 1/12/22
		DATE REVISED/VIEWED:

PURPOSE:

To set forth procedures and provide guidance on the utilization of Telework within the Department of Guam Behavioral Health and Wellness Center (GBHWC) in accordance with Department of Administration Organizational Circular: 2022-011.

POLICY:

- A. GBHWC supports flexible work arrangements and acknowledge the need for Telework that has become necessary for employee and consumer safety due to the current COVID-19 pandemic on a case to case basis.
- B. Telework arrangements may not be an option for all employees and may only be appropriate for part of a GBHWC workforce based on the position held by an employee and the duties they perform. Criteria for eligible employees are as follows:
 1. Employees must have been employed with GBHWC for at least six (6) months and/or completed their probationary period; and
 2. Have achieved at least a satisfactory performance evaluation rating; and
 3. Have not displayed or have any issues or concerns regarding time and attendance; and
 4. Is not on a performance improvement plan.
- C. The supervisors and managers have the discretion to approve the employee's request for Telework and can make the determination that the work of certain subordinate employee is appropriate or not appropriate for teleworking.
Request for Telework arrangements shall be reviewed based on the following factors:
 1. Employee appropriateness: attendance, time management, work habits, level of performance and other work history that will determine minimal risk for abuse.
 2. Job duties and responsibilities
 3. Equipment/location assessment: employees are required to have the appropriate services, software, and other resources needed to perform their duties (i.e. zoom licenses, Mifi or Wifi, Computer).
 4. Other factors specific to the section can be used to determine whether or not Telework is the best approach to specific situations based on surrounding circumstances and on legitimate business needs.
- D. Only the Director or Deputy Director can authorized Telework with the recommendation of the immediate supervisor or manager;
 1. Telework can be approved for a portion of or the whole workweek; and
 2. Must be established between employee and the supervisor; and

3. Telework requests shall not be no more than five (5) business days within a calendar month. The need for more than 5 business days of telework request will be subject to the Supervisor's determination as appropriate and approved by the Division Administrator.
- E. Employees shall remain obligated to comply with security and privacy measures in accordance with Health Insurance Portability and Accountability Act (HIPAA), Privacy Act of 1974, and GBHWC policies and procedures CL-AP-11 Tele-Mental Health Services while working from a remote location.
- F. Employees are required to maintain confidentiality of GBHWC's information and documents, prevent unauthorized access to electronic behavioral health records (EBHR), and discard work-related documents in a manner that protects the interest of GBHWC.
- G. During a pandemic or a public health emergency and or in the event of a disaster, employees may be asked to work from home in limited situations where it is deemed appropriate by the GBHWC Director or via Executive Order without following the normal approval process.
- H. Management reserves the right to suspend, cancel, or amend any telework arrangement at any time and without notice.
- I. All rules that govern behavior in the workplace (i.e. break time in accordance with personnel rules and regulations, dress code) also apply to telework employees. Failure to meet behavior standards may result in temporary or permanent termination of the telework arrangement and will result in corrective action.
- J. Personal obligations, such as personal business, civic or volunteer activities, or caring for dependents, must not interfere with work assignments while teleworking. Telework is not meant as an alternative for conducting personal business or providing dependent care during work hours, or be used to avoid utilization of sick or personal leave.

DEFINITIONS:

Telework: A flexible arrangement that can be requested by an employee or proposed by management under which an employee performs their duties and responsibilities, and other activities which are authorized, from an approved worksite other than an employee's regular workstation.

RESPONSIBILITY

- A. Supervisor/Manager
 - a. Supervisors should regularly discuss an employee's telework arrangement, clarify work performance, and communication expectations.
 - b. Shall evaluate telework arrangement of employees on a regular basis.
 - c. Must established daily/weekly communication feedback which updates immediate supervisors on the progress of ongoing projects or assigned work.
 - d. Shall monitor the employee's assignments or task for a given week.
- B. Responsibility of the Employee

- a. Employees are to designate a workspace within the remote work location that is private, safe, and free from distractions and noise.
- b. Work location must ensure that screens are not visible to others and GBHWC data is safe and secure at all times.
- c. Employees are responsible for providing high-speed internet connection and that a computer firewall is enabled.
- d. Provide attached photo of the remote workspace to the request form.
- e. Employees who telework are subject to the same production and quality standards as on-site employees. Work standards are set at the onset of the telework agreement and are to be reviewed regularly.
- f. Employees must arrange and communicate a work schedule with their supervisor in advance and must be accessible within a reasonable time period during the agreed-upon work schedule.
- g. Employees must request personal leave time in the same manner as on site employees when they cannot perform/absent from work on a schedule telework day.

PROCEDURE:

A. Request for Telework Process

1. Employee shall fill out the Telework Request Form FAD-HR-11.01 and submit to their immediate supervisor.
2. Completed Telework Request Form must be submitted in advance with the following schedule:
 - i. Request at least 4 hours or less: in equivalent time as the number of hours being requested.
 - ii. Request at least 24 hours in advance: more than 4 hours and up to 8 hours.
 - iii. Request at least 1 week in advance: more than 8 hours and up to 40 hours.
3. Supervisors will make the determination to approve the request based on the factors listed in Policy Statement C. 1 through 4.
4. Immediate supervisors will submit Telework Request Form to the Director's Office for final approval.
5. A copy of the approved Telework Request Form will be issued to the employee to signify the formal approval.
6. The original request form shall be given to the employee's timekeeper for record purposes.

REFERENCES:

DOA Circular:2022-011. (2022, Jan 4). *Guidance on the use of telework*. Department of Administration.

Intermountain Healthcare. (2021, July). *Telework Policy*. Retrieved from Intermountain Healthcare: <https://intermountainhealthcare.org/careers/explore-careers/remote-work/>

Privacy Act of 1974, as amended, 5 U.S.C. § 552a,

SHRM. (n.d.). *Telecommuting policy and procedure*. Retrieved from Society for Human Resource Management: https://www.shrm.org/resourcesandtools/tools-and-samples/policies/pages/telecommuting_policy.aspx

ATTACHMENTS:

FAD-HR-11.01 Telework Request Form



GUAM BEHAVIORAL HEALTH & WELLNESS CENTER

790 Gov. Carlos G. Camacho Rd. Tamuning, Guam 96913

TEL: (671) 647-5440 FAX: (671) 649-6948

TELEWORK REQUEST FORM

Employee name: _____ Date of Request: _____

Division: _____

Reason for Request: _____

Proposed Schedule: _____

Proposed Location & Address: _____

Justification: _____

<p>Work Plan:</p>	<p>Contingency Plan: (in the event original work plan cannot be carried out due to unforeseen circumstances)</p>
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Please initial each box:	
<input type="checkbox"/>	I have the required equipment, services, software, and other resources that will be needed for me to perform my duties at my proposed location.
<input type="checkbox"/>	I will attach a photo of my proposed remote workspace.
<input type="checkbox"/>	I understand if my immediate supervisor/management need to contact me I will be able to respond to requests related to work duties within fifteen (15) minutes.
<input type="checkbox"/>	I understand that I will return to my original assigned worksite within two (2) hours should I be recalled from telework by my immediate supervisor/management.
<input type="checkbox"/>	I understand that if I do not perform my proposed work plan then I will be subject to Unauthorized Leave Without Pay.

Employee Signature: _____ Date: _____

Immediate Supervisor Signature: _____ Date: _____

Proposed Mode of Communication: Email Phone Call Virtual Meeting

Approved Disapproved

Division Administrator: _____ Date: _____

Director/Deputy Director: _____ Date: _____

Approved Disapproved

