

#### **Special OHR Live Event: FY23 eTelework Applications**

Friday, May 13, 2022

Welcome to the Live Event. Please make sure your audio is turned on.

The meeting will begin shortly.



#### **Agenda**

- Samuel Frushour
  - Telework Program in CY2021, Lessons Learned and Expectations
  - Timeline for FY23 Applications
  - Updates to eTelework
  - Telework Resources
- Emily Danyluk
  - Frequently Asked Questions
- Question and Answer Session Moderated by KD Kasunic



# Telework Program in CY2021, Lessons Learned and Expectations

Samuel Frushour
Special Assistant to the Director
OHR



#### **Telework Program in CY2021**

- Record high of 4,465 employees participated
- Average telework hours worked increased by 38% over 2020
- Approval rate: 98%

- Updated Telework Policy released
- New trainings implemented



#### **Lessons Learned**

- Supervisors and employees should have active discussions on teleworking prior to applications being submitted to avoid confusion.
- Departments and divisions should use evidence and data in making determinations for operational need.
- Applications should be reviewed on an individual basis.
- Difference between Recurring and Situational Telework:
  - **Recurring**: Select when <u>frequency</u> of telework is consistent or with few exceptions (even if the scheduled telework day(s) vary).
  - **Situational**: Select when telework is on an <u>as approved</u> basis (short term, intermittent, sporadic, varied frequency, etc.).

#### **Expectations of Supervisors**

- Proactively speak with your employees on expectations for the renewed telework agreement, including when any schedule changes will go into effect.
- Supervisors and director-designees have a <u>combined 14-day turnaround</u> on applications
  - Do not delay!
  - Reminder emails sent every Monday on outstanding items



#### Managing a Hybrid Workplace

- Take a consistent approach to managing employees whether they are at the Main Work Location or working at their approved Remote Work Location.
- Establish communication norms and expectations for all team members, both teleworking and onsite, through email, telephone, MS Teams, Zoom and other means.
- Have regular performance conversations with all employees to review current work goals and deadlines, address barriers and to document employee performance.
- Remind employees to use the TELEWORK reason code for all hours they work remotely.



## **Timeline for FY23 Applications**

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#### **FY23 Telework Applications Timeline**

- Starting May 9: Employees can submit/renew applications for FY23.
- June 13: Current teleworkers reminded of June 30 expiration of FY22 agreements.
- **July 1:** Employees who have not yet submitted a renewed application can be asked to return to work with appropriate notice (see Telework Policy/CBA).
- After July 1: Employees can continue to submit new applications or updated applications (i.e., requesting changes to frequency or days of week, or to update location).



### **Updates to eTelework**

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#### **Updates to eTelework**



PLEASE REPORT ANY SYSTEM ISSUE TO #OHR.ITTeam@montgomerycountymd.gov

RENEW/UPDATE TELEWORK APPLICATION

APPROVED/ACTIVE

SEARCH

**APPEALS** 

#### Your Telework Application

| Full Name | Stage               | Type of Telework | Frequency of Telework |  |  |
|-----------|---------------------|------------------|-----------------------|--|--|
|           | Approved/Active     | Recurring        | 2 days per week       |  |  |
|           | Replaced by new one | Recurring        | 2 days per week       |  |  |

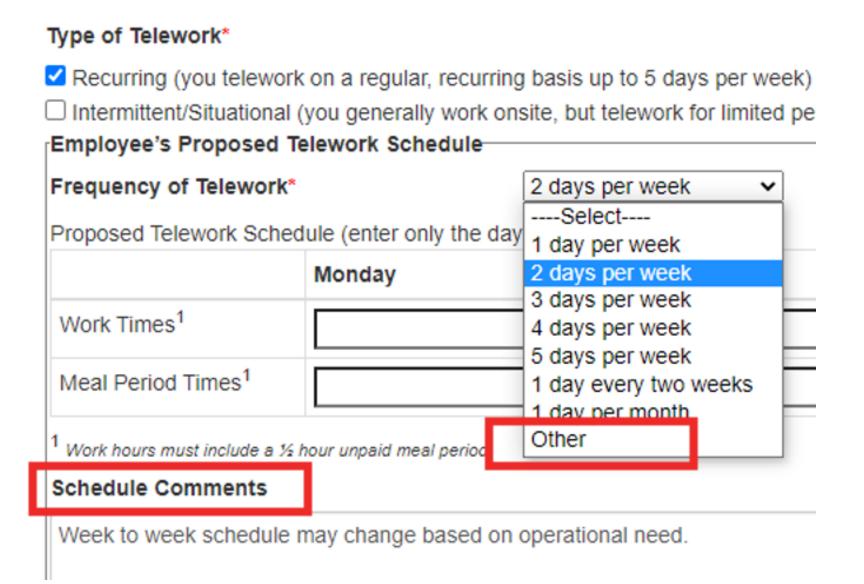
2022 - MCG OHR



| Name  |                         |  |                     |                                      | Job Title                             |                     | Administrative Sp      | ecialist III                    |           |
|---|-------------------------|--|---------------------|--------------------------------------|---------------------------------------|---------------------|------------------------|---------------------------------|-----------|
| Department/Division                                       |                         | OHR Director's Office  |                     |                                      | Supervisor                            |                     |                        |                                 |           |
| Location  |                         | OHR-EOB 7th FIr  |                     |                                      | Email                                 |                     |                        |                                 |           |
| Bargaining Unit   |                         | Unrepresented  |                     |                                      |                                       |                     |                        |                                 |           |
| Type of Telework*   |                         |  |                     |                                      |                                       |                     |                        |                                 |           |
|   | ou generally work or    | g basis up to 5 days per week)<br>site, but telework for limited period: | s of time)          |                                      |                                       |                     |                        |                                 |           |
| Frequency of Telework*                                    |                         | 2 days per week  |                     |                                      |                                       |                     |                        |                                 |           |
| Proposed Telework Schedu                                  | ule (enter only the day | Select<br>1 day per week   |                     |                                      |                                       |                     |                        |                                 |           |
|   | Monday                  | 2 days per week  |                     | Wednesday                            | Thursday                              | Friday              |                        | Saturday                        |           |
| Work Times <sup>1</sup>                                   |                         | 3 days per week 4 days per week  |                     |                                      | 8-5                                   |                     |                        |                                 | $\neg$    |
| Meal Period Times <sup>1</sup>                            |                         | 5 days per week 1 day every two weeks                                    |                     |                                      |                                       |                     |                        |                                 |           |
| 1 Work hours must include a ½ ho                          | our unpaid meal period  | Other  |                     |                                      |                                       |                     |                        |                                 |           |
| Schedule Comments   | _                       |  |                     |                                      |                                       |                     |                        |                                 |           |
| Week to week schedule m                                   | nay change based on     | operational need.  |                     |                                      |                                       |                     |                        |                                 |           |
| Remote Work Location (E                                   | inter the primary local | tion and telephone number where y  | ou can be contac    | ted when working remotely.)          |                                       |                     |                        |                                 |           |
| Address*  |                         |  |                     |                                      |                                       |                     |                        |                                 |           |
| Phone*  |                         |  |                     |                                      |                                       |                     |                        |                                 |           |
| Describe how your job re                                  | sponsibilities are su   | ited for teleworking:* (Please inc                                       | lude details to exp | pedite approval)                     |                                       |                     |                        |                                 |           |
| Much of my work is center<br>needs of the Director's Offi |                         |  | ligital communica   | tions (managing inboxes, calendar sc | heduling, comms drafting) and all col | laborative projects | are primarily if not e | exclusively virtual. Proposed o | lates abo |
|   | MERY                    |  |                     |                                      |                                       |                     |                        |                                 |           |



#### Office of Human Resources





| epartment/Division  | OH                             | OHR Communications and Strategic Planning Team |                               |          |         | Supervisor | Supervisor |        |        |        |      |        |   |
|---|--------------------------------|--|-------------------------------|----------|---------|------------|------------|--------|--------|--------|------|--------|---|
| ocation   | OH                             | OHR-EOB 7th Fir Email                          |                               |          |         |            |            |        |        |        |      |        |   |
| argaining Unit  | ning Unit Unrepresented        |  |                               |          |         |            |            |        |        |        |      |        |   |
| pe of Telework  |                                |  |                               |          |         |            |            |        |        |        |      |        |   |
| Recurring (you telework on a regular, recurring basis up to 5 days per week) Intermittent/Situational (you generally work onsite, but telework for limited periods of time) Employee's Proposed Telework Schedule |                                |  |                               |          |         |            |            |        |        |        |      |        |   |
| requency of Telework  | Ot                             | ther   |                               |          |         |            |            |        |        |        |      |        |   |
| Proposed Telework Schedu  | ale (enter only the days       | you will be te                                 | eleworking)                   |          |         |            |            |        |        |        |      |        |   |
|   |                                | N  | Monday                        | Tuesday  | Wednesd | day        | Thursday   | y      | Friday | Sature | day  | Sunday |   |
| Work Times <sup>1</sup>   |                                |  |                               |          |         |            |            |        |        |        |      |        |   |
| Meal Period Times <sup>1</sup>  |                                |  |                               |          |         |            |            |        |        |        |      |        |   |
| Work hours must include a ½ ho  | our unpaid meal period.        |  |                               |          |         |            |            |        |        |        |      |        |   |
| Schedule Comments   |                                |  |                               |          |         |            |            |        |        |        |      |        |   |
| xample schedule listed he   | ere                            |  |                               |          |         |            |            |        |        |        |      |        |   |
| Supervisor Proposed Sch   | nedule and Frequency           | of Telework                                    | (                             |          |         |            |            |        |        |        |      |        | = |
| requency of Telework  | 0                              | Other  | ~                             |          |         |            |            |        |        |        |      |        |   |
| Supervisor Proposed Telev   | vork Schedule (enter on        | nly the days er                                | employee will be teleworking) | 1        |         |            |            |        |        |        |      |        |   |
| 1   | Monday                         |  | Tuesday                       | Wednesda | лу      | Thursday   |            | Friday | Saf    | turday | Sund | lay    |   |
| Work Times <sup>1</sup>   |                                |  |                               |          |         |            |            |        |        |        |      |        |   |
| Meal Period Times <sup>1</sup>  | Meal Period Times <sup>1</sup> |  |                               |          |         |            |            |        |        |        |      |        |   |
| Supervisor Schedule Comments  |                                |  |                               |          |         |            |            |        |        |        |      |        |   |
| Example schedule listed here.   |                                |  |                               |          |         |            |            |        |        |        |      |        |   |
|   |                                |  |                               |          |         |            |            |        |        |        |      |        |   |



#### Office of Human Resources

Application Form Portability Self-Assessment

#### Portability Self-Assessment

Please select a response for each question based on how you perceive your role.

| Self-Assessment Statements   | TRUE | FALSE |  |  |  |
|--|------|-------|--|--|--|
| 1. The job involves independent <u>daily</u> work that the employee can control and schedule.  |      |       |  |  |  |
| 2. The position does <u>not</u> require <u>daily</u> continuous on-the-job training.   |      |       |  |  |  |
| 3. The position does <u>not</u> require the employee to access and use onsite confidential materials, special facilities or equipment on a <u>daily</u> basis. |      |       |  |  |  |
| 4. The position does <u>not</u> require <u>daily</u> face-to-face contact with:  |      |       |  |  |  |
| a. Supervisor(s)/manager(s)  |      | 0     |  |  |  |
| b. Colleagues/team members/coworkers   |      | 0     |  |  |  |
| c. Customers/General Public  |      | 0     |  |  |  |
| 5. The daily job tasks can be clearly defined so that work outcomes can be assessed, and the employee can deliver the necessary work products while            |      | 0     |  |  |  |
| working remotely.  |      |       |  |  |  |

If the response is FALSE to any of the above statements, the position is typically not suitable for regular telework, but may be suitable for situational telework. If the response is TRUE to all of the above statements, the position is typically suitable for regular or situational telework.

**Previous** 

**Exit without Saving** 

Next



| Application Form   | Portability Self-Assessment                    | Equipment Form     | Terms/Acknowledgements           | Manager Suitability Assessment                            |                   |             |  |
|--|--|--------------------|----------------------------------|---|-------------------|-------------|--|
| Manager Suita  | bility Assessment                              |                    |                                  |   |                   |             |  |
| QUESTIONS  |  |                    |                                  |   | TRUE              | FALSE       |  |
| The job involves independent <u>daily</u> work that the employee can control and schedule.   |  |                    |                                  |   |                   |             |  |
| 2. The position does <u>not</u> require <u>daily</u> continuous on-the-job training.   |  |                    |                                  |   |                   |             |  |
| 3. The position do   | es <u>not</u> require the employee to          | access and use or  | nsite confidential materials, sp | pecial facilities or equipment on a daily basis.          | 0                 | 0           |  |
| . The position do  | es <u>not</u> require <u>daily</u> face-to-fac | e contact with:    |                                  |   |                   |             |  |
| a. Supervisor(   | s)/manager(s)                                  |                    |                                  |   | 0                 | 0           |  |
| b. Colleagues/   | team members/coworkers/                        |                    |                                  |   | 0                 | 0           |  |
| c. Customers/  | General Public                                 |                    |                                  |   | 0                 | 0           |  |
| 5. The <u>daily</u> job tasks can be clearly defined so that work outcomes can be assessed, and the employee can deliver the necessary work products while working remotely. |  |                    |                                  |   |                   |             |  |
|  | •  | statements, the po | sition is typically not suital   | ole for telework. If the response is TRUE to <u>all</u> o | f the above state | ements, the |  |
| osition is typical   | ly suitable for regular or situ                | uational telework  | once position eligibility is d   | etermined.  |                   |             |  |
| Recommendation   |  |                    |                                  |   |                   |             |  |
| I recommend thi  | s application for APPROVAL                     |                    |                                  |   |                   |             |  |
| I recommend thi  | s application for DENIAL                       |                    |                                  |   |                   |             |  |
| comments (these o  | comments will be seen by emp                   | oloyee):           |                                  |   |                   |             |  |
|  |  |                    |                                  |   |                   |             |  |
|  |  |                    |                                  |   |                   |             |  |
|  |  |                    |                                  |   |                   |             |  |
| Please select dep  | artment director/designee fo                   | or final approval  | Select                           |   |                   |             |  |
| , , , , , , , , , , , , , , , , , , ,  |  | -                  | Select                           |   |                   |             |  |
| Previous   | Exi  | t without Saving   |                                  | Return to employee for correction                         |                   | Submit      |  |
| G OHR Test Site  |  | L                  |                                  |   |                   |             |  |

| Recommendation                         |                                  |
|--|----------------------------------|
| ☐ I recommend this application for API | PROVAL                           |
| ☐ I recommend this application for DE  | NIAL                             |
| Comments (these comments will be se    | en by employee):                 |
|  |                                  |
|  |                                  |
| Please select department director/de   | esignee for final approvalSelect |
| Previous                               | Exit without Saving              |
| ICG OHR Test Site                      |                                  |



Office of Human Resources

#### **Telework Resources**

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#### **Telework Resources**

- Telework Program Webpage
- <u>eTelework System User Guide</u>
- Telework Policy
- List of Telework Management Officers (TMOs) by Department
- TELEWORK Timekeeping Job Aids:
  - Java
  - HTML



## **Frequently Asked Questions**

Emily Danyluk
HR Specialist
OHR



#### **Frequently Asked Questions From Depts**

- Is the timeline extended if a department-designee or supervisor is out of the office during the 14-day response window?
  - No. For longer-term absences like this, TMOs can designate supervisor-delegates or additional director designees to take action in a timely manner.

- Should I wait to approve an application so the effective date lines up with when the schedule begins?
  - No. While the application will become active on date of director's approval, it is not expected that the schedule go into immediate effect. Supervisors and employees should have intentional conversations on when newly approved schedules begin.



#### **Frequently Asked Questions From Depts**

- Do I need to have a telework agreement on file as the Director/Manager?
  - Yes. Any County employee that is participating in the Telework Program should have an active/approved telework agreement on file.

- Does the application go into effect immediately on day 14 if I don't take action?
  - No. The application will stay at the supervisor or director-designee level until action is taken, but the department should not delay. Delays cause unnecessary work and stress for the employee, department, union and OHR.



#### **Frequently Asked Questions From Depts**

- If OMS has approved an employee to telework as an accommodation, does the employee still need to submit an eTelework application?
  - Only if the employee plans to telework in excess of their OMS-approved accommodation.

- What should I do if the application needs corrections?
  - There are "return" buttons at the bottom of the application for this purpose. As a supervisor, use the "return to employee for corrections" button. As a director-designee, use the "return to supervisor for corrections" button.



## **Q & A**

Moderated by KD Kasunic



## **Thank You for Attending**

This presentation will be posted on the Weekly HR Liaisons & MLS Meeting Dashboard: <a href="https://www.montgomerycountymd.gov/HR/Misc/WeeklyHRLiaisonsMLSOHRMCTime.html">www.montgomerycountymd.gov/HR/Misc/WeeklyHRLiaisonsMLSOHRMCTime.html</a>

Telework resources and learning opportunities are available on MCG's Telework Program webpage:

<a href="https://www.montgomerycountymd.gov/Telework">www.montgomerycountymd.gov/Telework</a>

For more information on Timekeeping, visit the MCtime Resources webpage: <a href="https://www.montgomerycountymd.gov/mctime/resources.html">www.montgomerycountymd.gov/mctime/resources.html</a>

