 <p><b>CD-032500</b></p>	<p><b>NEW MEXICO CORRECTIONS DEPARTMENT</b></p> <p><i>"We commit to the safety and well-being of the people of New Mexico by doing the right thing, always."</i>  <b>Courage Responsibility Ethics Dedication - CRED</b>ibly serving the public safety of New Mexico</p>	
	<p><b>ISSUE DATE:</b> 02/04/09</p> <p><b>EFFECTIVE DATE:</b> 02/04/09</p>	<p><b>REVIEWED:</b> 09/30/18</p> <p><b>REVISED:</b> 03/29/15</p>
	<p><b>TITLE: Telework and Alternative Work Schedules</b></p>	

**AUTHORITY:**

- A. NMSA 1978, Section 33-1-6, as amended.
- B. Policy *CD-010100*.
- C. Executive Order SPO-2008-028

**REFERENCE:**

**PURPOSE:**

To provide New Mexico Corrections Department (NMCD) employees with guidelines for alternative work schedules and a telework program in order to reduce the number of hours and miles employees spend traveling to and from work, reducing fuel costs, saving taxpayer money and ensuring continuity of essential Department functions.

**APPLICABILITY:**

All classified NMCD employees. This policy is not intended to supersede or override any terms or conditions of the Collective Bargaining Agreement(s).

**FORMS:**

- A. **Teleworker Self-Assessment SPO-2008-028-002**
- B. **Request for Teleworking Approval SPO-2008-028-003**
- C. **Work Space Self-Certificate SPO-2008-028-004**
- D. **Teleworking Agreement SPO-2008-028-005 (2 pages)**
- E. **Alternative Work Schedule Agreement SPO-2008-028-007**
- F. **Reporting Survey SPO-2008-028-008**

**ATTACHMENTS:**

None

**DEFINITIONS:**

- A. Agency Coordinator: Identified as the Human Resource Bureau Chief who is responsible for the day-to-day coordination and management of the Telework and Alternative Work Schedule programs; will oversee the programs including compliance with policies, procedures and guidelines; and, will report results of the programs to the State Personnel Office Human Resource Manager assigned to the agency.

- B. Alternate Workplace: A workplace other than the employee's usual and customary workplace (i.e., primary workplace) and does not include the employee's home.
- C. Alternative Work Schedule: An approved work schedule outside the normal daily work week of five (5) days per week, eight (8) hours per day, plus a meal period.
1. Flex schedule: An approved work schedule outside the traditional core business hours of 8:00 a.m. to 5:00 p.m. with a mandatory meal break of a minimum of one-half hour.
  2. Compressed schedule: An approved work schedule consisting of a variation of a condensed work week, with modified daily hours that constitute either a forty (40) hour work week for FLSA non-exempt employees or an eighty-hour (80) work period for FLSA exempt employees.
- D. Eligible Employee: An employee, in an eligible position, who has been identified by the employee's supervisor as satisfactorily meeting performance standards, terms and conditions of employment of their position; has completed their probationary period; has at least forty (40) hours of an accrued annual leave; and, has no active formal disciplinary actions on file for the current or immediately preceding review period.
- E. Eligible Position: A position having measurable quantitative or qualitative results-oriented standards of performance that is structured to be performed independently of others and with minimal need for support and can be scheduled at least one day a pay period to participate in teleworking without impacting service quality or organizational operations. The eligibility of a position may change depending on circumstances.
- F. Flextime: For the purpose of this policy "Flextime" is the pre-approved time an employee may adjust his/her daily work schedule, that will allow the employee to arrive either later or earlier than the normal work hours, but still working the same amount of hours on a daily basis. If requested and approved, flextime must be consistent and applied on a regular basis ensuring adequate coverage to the unit.  
Flextime must be approved by the supervisor in advance and must allow and provide for the proper supervision of the employee. The NMCD may allow flextime in Non-Custody positions within the hours of 7:00 a.m. and 6:00 p.m., Monday through Friday. Due to the scheduling restraints of Custody personnel, flextime is not available to these employees.
- G. Primary Workplace: The teleworker's usual and customary workplace.
- H. Telework: To work from an office significantly nearer to the employee's home than the employee's principle place of employment, resulting in a reduced commute by the employee.
- I. Teleworker: An employee, who for at least one (1) or more days in a particular pay period works at an alternate workplace, to produce an agreed upon work product.

1. *Regular Teleworker*: An employee who, with the approval of his or her supervisor, is scheduled to telework on the same day or days every week on a consistent basis.
2. *Occasional Teleworker*: An employee who, with the approval of his or her supervisor, teleworks on an infrequent basis.

**POLICY:**

- A. Teleworking is a work arrangement between an individual employee and his or her supervisor. A supervisor has no authority to require an employee to telework unless it was a condition of employment or a requirement of the job description.
- B. NMCD employees shall adhere to all policies, rules and regulations of the agency and state while teleworking.
- C. NMCD employees shall not conduct personal business while in official duty status at the alternate workplace.
- D. NMCD employees are responsible for maintaining confidentiality and security at the alternate workplace in order to protect the security and integrity of data, information, paper files, and access to internal network computer systems.
- E. The use of Alternative Work Schedules shall be determined based on operational needs, staffing requirements, service delivery requirements, meeting program goals and back-up coverage needs of each division or bureau within NMCD.
- F. In accordance with State Personnel Board Rule subsection G. of 1.7.4.14 NMAC Overtime, NMCD shall not change the workweek to avoid payment of overtime.
- G. This policy is not intended to supersede or override any terms or conditions of the Collective Bargaining Agreement(s).




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David Jablonski, Secretary of Corrections  
New Mexico Corrections Department

09/30/18

Date

 <p><b>CD-032501</b></p>	<p align="center"><b>NEW MEXICO CORRECTIONS DEPARTMENT</b></p> <p align="center"><i>"We commit to the safety and well-being of the people of New Mexico by doing the right thing, always."</i></p> <p align="center"> <b>Courage Responsibility Ethics Dedication - CRED</b>ibly serving the public safety of New Mexico </p>	
	<b>ISSUE DATE:</b> 02/04/09 <b>EFFECTIVE DATE:</b> 02/04/09	<b>REVIEWED:</b> 09/30/18 <b>REVISED:</b> 03/29/15
	<b>TITLE: Telework</b>	

**AUTHORITY:**

Policy *CD-032500*

**PROCEDURES:**

The opportunity to work at an alternate workplace is a management option and an employee privilege, not a right. All Telework must be done at an NMCD work site.

**A. Employee Participation**

1. An employee interested in participating in the Telework Program shall complete and submit the following to their immediate supervisor:
  - a. **Teleworker Self-Assessment SPO-2008-028-002;**
  - b. **Request for Teleworking Approval SPO-2008-028-003;** and,
  - c. **Work Space Self-Certificate SPO-2008-028-004** to verify that an alternative work place is available, as well as safe and suitable for the purposes of the employee’s work.
  
2. The employee is responsible for the following:
  - a. Designating a specific workspace at the telework location and conducting work from that location;
  - b. Developing a work schedule with his or her supervisor and the supervisor must agree in advance to any changes to the employee’s work schedule.
  - c. Maintaining contact with the office as specified by their supervisor.

**B. Approval Process**

1. The immediate supervisor shall review the employee’s request to determine if the request is conducive to the operations of that Department/Unit.
  
2. Prior to approving the **Request for Teleworking Approval SPO-2008-028-003**, the immediate supervisor shall provide written justification to the hiring authority (Warden, Region Manager, Bureau Chief, Division Director or Deputy Secretary) describing how the operations of that Department/Unit will be maintained five (5) days a week.

3. The hiring authority shall approve/disapprove the request within a reasonable time period.
4. Upon approval, a **Teleworking Agreement SPO-2008-028-005** shall be completed.

### **C. Equipment and Supplies**

Additional equipment will not be supplied. However, regular and reasonable office supplies will be provided.

### **D. Expenses and Compensable Time**

1. Mileage between the home and the employee's telework location shall be considered commute mileage and shall not be reimbursed.
2. Work related long-distance phone calls should be planned for primary workplace days.
3. Expenses for business related long-distance calls and cell phone calls may be reimbursed if the reasons and costs for the calls are documented.
4. Employees are responsible for the cost of maintenance, repair and operation of personal equipment not provided by the Department.

### **E. Liability**

The telework workplace is an extension of the agency workspace only when used for work. Employees may therefore be covered for workers compensation if they are injured while performing work on behalf of NMCD in the alternate workplace during teleworking hours.

If an injury occurs during teleworking hours, the employee shall immediately report the injury to his or her supervisor.

### **F. Exclusions**

The following divisions will not be eligible for participation in Telework:

- Adult Prisons (all prison facilities)
- Office of General Counsel
- Probation and Parole
- Information Technology
- Training Academy
- Corrections Industries Facility Staff

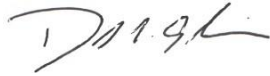
### G. Renewal

The Teleworker agreement must be discussed and renewed annually, whenever there is a major job change or whenever the Teleworker or supervisor changes positions.

Teleworking is a feasible work option based on a combination of job characteristics, employee characteristics, and supervisor characteristics; therefore, any change in these elements may require a review of the teleworking agreement.

### H. Reporting

1. Both the **Request for Teleworking Approval SPO-2008-028-003** and the **Teleworking Agreement SPO-2008-028-005**, approved and disapproved, shall be forwarded to the local Human Resources staff and be maintained in the employee's personnel file.
2. Local Human Resources staff shall provide the Agency Coordinator with approved Teleworking Agreements by the 5<sup>th</sup> of each month.
3. The Agency Coordinator shall compile the information received and forward it to the State Personnel Office no later than the 10<sup>th</sup> of the month following the end of each quarter.




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David Jablonski, Secretary of Corrections  
New Mexico Corrections Department

09/30/18

Date

 <p><b>CD-032502</b></p>	<p><b>NEW MEXICO CORRECTIONS DEPARTMENT</b></p> <p><i>"We commit to the safety and well-being of the people of New Mexico by doing the right thing, always."</i>  <b>Courage Responsibility Ethics Dedication - CRED</b>ibly serving the public safety of New Mexico</p>	
	<p><b>ISSUE DATE:</b> 02/04/09</p> <p><b>EFFECTIVE DATE:</b> 02/04/09</p>	<p><b>REVIEWED:</b> 09/30/18</p> <p><b>REVISED:</b> 03/29/15</p>
	<p><b>TITLE: Alternative Work Schedules</b></p>	

**AUTHORITY:**

Policy *CD-032500*

**PROCEDURES:**

Individual employees may be permitted, with the consent of their supervisor and the approval of appropriate management to work alternative schedules.

**A. Agency Participation**

1. Work Hours for administrative offices are Monday – Friday, 8:00 a.m. to 5:00 p.m.
2. Work Hours for prison facilities are Monday – Friday, 8:00 a.m. to 4:30 p.m. for administrative positions with the remainder of the facility having twenty-four (24) hour operations).
3. Annual and sick leave shall accrue according to State Personnel Board Rule 1.7.7.8 NMAC and 1.7.7.10 NMAC. Leave usage will be charged based on the approved work schedule.
4. Full time employees, whose normal work schedule does not include the day observed as a holiday, shall be entitled to time off equal to the employee’s normal workday. When an authorized holiday falls on an employee’s regularly scheduled workday and the employee is not required to work, the employee shall be paid at their hourly rate of pay for the number of hours they would have normally worked.
5. Management reserves the right to temporarily revert the schedule to a normal work week or to a special flexible schedule in order to accommodate training, attendance at conferences or other special events.
6. If an employee is out for a period of more than two weeks, his/her schedule automatically reverts to a normal schedule for the duration of the time that he/she is not working.
7. An employee working an alternative work schedule that receives a less than satisfactory, or needs improvement performance evaluation, may be returned to

their normal work schedule if the supervisor determines the employee's performance is impacted by the alternative work schedule.

8. An employee working an alternative work schedule that is subject to disciplinary action based on just cause may be removed from the alternative work schedule by the employee's supervisor.
9. Compensatory time will still be governed by other applicable rules and regulations such as FLSA and/or agency policies.

#### **B. Employee Participation**

1. An employee interested in participating in the Alternative Work Schedule program must meet the following eligibility requirements:
  - a. Successful completion of the probationary period;
  - b. Successful job performance;
  - c. Satisfactory attendance and timeliness; and,
  - d. No disciplinary actions in the past twelve months.
2. Upon approval, an employee shall enter into a written agreement by completing an **Alternative Work Schedule Agreement SPO-2008-028-007**. This agreement shall be signed by the employee, the employee's supervisor, and the Division Director/Agency Head.
3. Employees shall choose between a *flex* or *compressed schedules*.
4. The employee shall have the right to return to the standard work schedule by notifying their supervisor in writing prior to the start of a new pay period.
5. Employees may not change the approved schedule from one alternative work schedule to another alternative work schedule without prior written approval from their supervisor.

#### **C. Approval Process**

1. Employees requesting an alternative work schedule shall submit the Alternative Work Schedule Agreement SPO-2008-028-007 to their immediate supervisor.
2. The immediate supervisor shall review the employee's request to determine if the request is conducive to the operations of that Department/Unit.
3. Prior to approving the alternative work schedules, the immediate supervisor shall provide written justification to the hiring authority (Warden, Region Manager, Bureau Chief, Division Director or Deputy Secretary) describing how the operations of that Department/Unit will be maintained five (5) days a week.



4. The hiring authority shall approve/disapprove the request within a reasonable time period.

#### **D. Removal**

1. An employee working an alternative work schedule that receives a less than satisfactory or needs improvement performance evaluation, may be returned to the normal work schedule if the supervisor determines the employee's performance is impacted by the alternative work schedule.
2. An employee working an alternative work schedule that is subjected to disciplinary action based upon just cause may be removed from the alternative work schedule by the employee's supervisor.

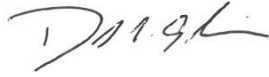
#### **E. Reporting**

4. Alternative Work Schedule Agreements, both approved and disapproved, shall be forwarded to the local Human Resources staff and be maintained in the employee's personnel file.
5. Local Human Resources staff shall provide the Agency Coordinator with approved Alternative Work Schedule Agreements by the 5<sup>th</sup> of each month.
6. The Agency Coordinator shall compile the information received and forward it to the State Personnel Office no later than the 10<sup>th</sup> of the month following the end of each quarter.

#### **F. Procedure for Requesting and Approving Flextime:**

To schedule flextime an employee must request approval in writing two weeks in advance indicating the specific time that he/she wishes to arrive and leave his/her duty station.

1. The requested flextime work schedule should be at least one pay period in length (two weeks) and should propose the dates that the flextime will begin and end.
2. A supervisor may deny the request for any reason.
3. If the supervisor wishes to approve the request, the supervisor will notify the reviewer for that position (as defined for EDA purposes) of the request. The reviewer may deny the request for any reason.
4. If both the supervisor and the reviewer approve the request, the supervisor will approve by signing the request and the reviewer will also sign the request.
5. The supervisor will keep a copy, a copy will be sent to payroll and a copy returned to the employee requesting the schedule change.



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David Jablonski, Secretary of Corrections  
New Mexico Corrections Department

09/30/18

Date



# New Mexico State Personnel Board

## State Personnel Office

### Teleworker Self-Assessment



SPO-2008-028-002  
Rev. 7/1/08

A successful teleworker has particular traits, a job suitable for telework, and a telework office that is conducive to work. Read each of the questions below and select the choice that most accurately describes you or your situation. Your self-assessment will help you decide whether telework is right for you. At the end, there is help in evaluating your self-assessment.

#### QUESTIONNAIRE

Successful teleworkers develop regular routines and are able to set and meet their own deadlines. Are you self-motivated, self-disciplined, and able to work independently; can you complete projects on time with minimal supervision and feedback; and are you productive when no one is checking on you or watching you work?	-Select-
Do you have strong organizational and time-management skills; are you results-oriented; will you remain focused on your work while teleworking and not be distracted; do you manage your time and workload well, solve many of your own problems and find satisfaction in completing tasks on your own; are you comfortable setting priorities and deadlines; and do you keep your sights on results?	-Select-
Are you comfortable working alone; can you adjust to the relative isolation of working off primary worksite; will you miss the social interaction at the central office on your telework days?	-Select-
Teleworkers should have a good understanding of the organization's "culture." Are you knowledgeable about your organization's procedures and policies; have you been on the job long enough to know how to do your job in accordance with your organization's procedures and policies; do you have well-established work, communication, and social patterns at the office?	-Select-
Do you have an effective working relationship with coworkers; have you determined how to provide support to coworkers while working remotely; and have you and your supervisor evaluated the effects of your telework days and those of your coworkers in maintaining adequate in-office communication?	-Select-
Are you adaptable to changing routines and environments; have you demonstrated an ability to be flexible about work routines and environments; and are you willing to come into the central office on a regularly scheduled telework day if your supervisor, co-workers, or customers need you there?	-Select-
Are you an effective communicator and team player; do you communicate well with your supervisor and co-workers; are you able to express needs objectively and develop solutions; and have you developed ways to communicate regularly with your supervisor and co-workers that you can use when you telework?	-Select-
Current job performance is a strong indicator of your potential success as a teleworker. Consider how any problems or developmental needs evident in your last performance evaluation might affect your telework experience. Are you successful in your current position; do you know your job well; and do you have a track record of performance?	-Select-
<p>Do you have the right job for telework? (Check all that apply)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Job responsibilities that can be arranged so that there is no difference in the level of service provided to the customer</li> <li><input type="checkbox"/> Minimal requirements for direct supervision or contact with the customer</li> <li><input type="checkbox"/> Low face-to-face communication requirements with the ability to arrange days when communication can be handled by telephone or e-mail</li> <li><input type="checkbox"/> Minimal requirements for special equipment</li> <li><input type="checkbox"/> Ability to define tasks and work products with measurable work activities and objectives</li> <li><input type="checkbox"/> Ability to control and schedule work flow</li> </ul>	
<p>Do you have an appropriate telework environment? (Check all that apply)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> A safe, comfortable work space where it is easy to concentrate on work</li> <li><input type="checkbox"/> The level of security required by the agency</li> <li><input type="checkbox"/> The necessary office equipment and software that meet agency standards</li> </ul>	

Are you the right kind of worker? If your answers to the first 8 questions are "Always" or "Yes," you're the kind of employee likely to be successful at telework. Do you have the right kind of job? You should be able to check every item under the 9<sup>th</sup> question. Do you have the right work environment? You should be able to check every item under the last question.



# New Mexico State Personnel Board State Personnel Office Work Space Self-Certificate



SPO-2008-028-004  
Rev. 7/1/08

As a condition of permission to telework, the employee must verify that alternate work facilities used for telework purposes are safe and suitable for purposes of the employee's work. The agency may deny an employee the opportunity to telework if the alternate worksite is not conducive to productive work.

The form is necessary to reduce the state's exposure to risk and liability and helps the employee know if his or her alternate workplace is conducive to productive work.

### EMPLOYEE INFORMATION

<b>Employee Name:</b>	<b>Job Title:</b>
<b>Supervisor Name:</b>	<b>Agency:</b>

**Telework Physical Location:**

The alternate work space is a State Agency.  
The name of the participating agency is \_\_\_\_\_

The alternate work space is not a State Agency.  
The name of the participating facility is \_\_\_\_\_

The alternate work space is safe.

The alternate work space is conducive to work.

### SIGNATURES

_____ Signature of Employee	_____ Date
_____ Signature of Partnering Representative	_____ Date



# New Mexico State Personnel Board State Personnel Office Request for Teleworking Approval



SPO-2008-028-003  
Rev. 7/1/08

### EMPLOYEE INFORMATION

<b>Employee Name:</b>	<b>Job Title:</b>
<b>Supervisor Name:</b>	<b>Telework Physical Location:</b>

This request is for  continuous teleworking or  occasional teleworking. (Check one)  
 If occasional, please provide: Starting date: \_\_\_\_\_ Ending date: \_\_\_\_\_

Requested telework schedule:	S <input type="checkbox"/>	M <input type="checkbox"/>	T <input type="checkbox"/>	W <input type="checkbox"/>	Th <input type="checkbox"/>	F <input type="checkbox"/>	Sa <input type="checkbox"/>
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### EMPLOYEE SIGNATURE

I have read the Teleworking Policy and related documents and agree to comply with all provisions in these documents. Attached are my completed Teleworker Self-Assessment Form and Teleworker Work Space Self-Certification Form.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

### SUPERVISOR APPROVAL

I have reviewed the position and employee eligibility criteria and the needs of the organization. Based on this review, I have determined that teleworking should be:

Approved     Denied

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date

If approved, this form and the proposed Teleworking Agreement are to be forwarded to the Agency Head for review.

If denied, comments outlining the reason(s) for the decision are to be documented below and the request is to be returned to the employee. This decision is final *and is not appealable, grievable or subject to review.*

Comments:

### AGENCY HEAD APPROVAL

I have reviewed the employee's position, the supervisor's recommendation and the proposed Teleworking Agreement. Based on this review, I have determined that teleworking should be:

Approved     Denied

\_\_\_\_\_  
Signature of Agency Head

\_\_\_\_\_  
Date

If approved, this form and the proposed Teleworking Agreement are to be returned to the appropriate supervisor for signatures.

If denied, comments outlining the reason(s) for the decision are to be included below, and the form and agreement are to be returned to the supervisor for proper routing. This decision is final *and is not appealable, grievable or subject to review.*

Comments:



# New Mexico State Personnel Board Teleworking Agreement

SPO-2008-028-005  
Effective 7/2008

This telework agreement (hereafter "agreement"), effective (date) \_\_\_\_\_, is between (employee name) \_\_\_\_\_ (hereinafter referred to as "Employee"), an employee of the (Agency) \_\_\_\_\_ (hereafter "Agency"). The parties, intending to be legally bound, agree as follows:

## SCOPE OF AGREEMENT

Employee agrees that unless a condition of employment, that teleworking is voluntary and may be terminated, by either the Employee or Agency, with or without cause.

Other than those duties and obligations expressly imposed on Employee under this agreement, the duties, obligations, responsibilities, and conditions of Employee's employment with Agency remain unchanged. Employee's salary and participation in the pension, benefit, and Agency-sponsored insurance plans shall remain unchanged.

The term "alternate workplace" shall mean any alternate office location approved by Agency. The term "office" shall mean Agency's usual and customary address.

This agreement shall be construed, interpreted, and enforced according to the laws of the State of New Mexico.

## WORK HOURS AND LEAVE

Employee agrees that work hours will conform to the terms agreed upon by Employee and Agency. Employees subject to mandatory overtime agree to obtain advance supervisory approval before performing overtime. Working overtime without such approval may result in termination of the teleworking option and/or other appropriate action. Employee agrees to obtain advance supervisory approval before taking leave.

## ALTERNATE WORKPLACE

Employee agrees that the alternate workplace is adequate for performance of Employee's official duties. Employee agrees to maintain this workplace in a safe condition, free from hazards and other dangers to Employee and equipment. (Employee should complete a safety self-certification checklist prior to signing this agreement.) Employee understands that maintaining an adequate alternate workplace will be a condition of continuing the Teleworking Agreement (TA).

## INSPECTIONS

Employee understands that Agency reserves the right to make on-site visits to the alternate work location for the purposes of determining if the site is conducive to productive work. Inspections may also be conducted to determine if Agency equipment is properly secured and is being used for the purpose it is intended.

## WORK SCHEDULE AND WORK STATUS

Employee agrees to develop a work schedule with Employee's supervisor and Employee's supervisor must agree, in advance, to any changes to Employee's Work Schedule. Employee agrees to provide Employee's timekeeper with a copy of Employee's Work Schedule. Employee agrees to maintain contact with the office as specified in the Work Schedule. Employee agrees to perform only official duties and not to conduct personal business while on work status at the telework location.

## WORK PERFORMANCE

Employee agrees to provide regular reports, as required by the supervisor to help evaluate work performance. Employee understands that a decline in work performance may result in termination of this agreement by Agency.

## STANDARDS OF CONDUCT

Employee agrees to be bound by Agency regulations, policies, and procedures while working at the alternate workplace. Violation of the foregoing may result in disciplinary action and/or termination of this agreement.

**SUPPLIES**

Employee agrees to obtain from the primary workplace all supplies needed for work at the alternate workplace and understands that out-of-pocket expenses for supplies regularly available at the central workplace will not be reimbursed unless previously approved by Agency.

**EQUIPMENT**

The Employee understands that she/he is expected to coordinate arrangements with management for furniture, telephone lines, and all other equipment when teleworking unless otherwise specified in this agreement. Employee and Agency understand that all documents and equipment provided by the Agency for teleworking purposes are state-owned property and shall be treated in accordance with State and Agency guidelines.

**SECURITY OF CONFIDENTIAL INFORMATION**

Employee agrees that all Agency-owned data, files, software, equipment, facilities, and supplies must be properly protected and secured. Agency-owned data, software, equipment, facilities, and supplies must not be used to create Employee-owned software or personal data. Employee will comply with all agency and state policies and instructions regarding security of confidential information. Any software, products, or data created as a result of work-related activities are owned by Agency and must be produced in the approved format and medium. Employee agrees to protect Agency records from unauthorized disclosure or damage and will comply with all requirements of law regarding disclosure of Agency information.

**REIMBURSEMENT**

Agency will reimburse Employee for expenses that have been pre-approved by Employee's supervisor ahead of time and incurred while conducting business for Agency.

**LIABILITY FOR INJURIES**

Employee understands that Employee is covered under the New Mexico Workers' Compensation law if injured in the course of actually performing official duties at the designated telework workspace during the agreed-upon telework work hours. Employee agrees to notify Employee's supervisor immediately of any accident or injury that occurs at the alternate telework location and to complete any required forms. Agency agrees to investigate such a report immediately.

**OTHER ACTION**

Nothing in this agreement precludes Agency from taking any appropriate disciplinary or adverse action against Employee if Employee fails to comply with the provisions of this agreement or terms and conditions of employment.

**PARTICIPATION IN STUDIES AND REPORTS**

Employee agrees to participate in studies, inquiries, reports, or analyses relating to teleworking at Agency's direction.

**DESIGNATION OF TELEWORK WORKSPACE**

Employee designates the following workspace:

Describe location:

Address:

**SIGNATURES**

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Date



# New Mexico State Personnel Board

## State Personnel Office

### Alternative Work Schedule Agreement



SPO-2008-028-007  
Rev. 7/1/08

#### EMPLOYEE INFORMATION

<b>Employee Name:</b>	<b>Position:</b>
<b>Agency:</b>	

#### ALTERNATIVE WORK SCHEDULE

Employee hereby requests, and employer hereby approves the following alternative work schedule:

FIRST WEEK	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Start Time:</b>	-Select-	-Select-	-Select-	-Select-	-Select-	-Select-	-Select-
<b>End Time:</b>	-Select-	-Select-	-Select-	-Select-	-Select-	-Select-	-Select-
<b>Hours Worked:</b>							
SECOND WEEK	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Start Time:</b>	-Select-	-Select-	-Select-	-Select-	-Select-	-Select-	-Select-
<b>End Time:</b>	-Select-	-Select-	-Select-	-Select-	-Select-	-Select-	-Select-
<b>Hours Worked:</b>							

This agreement and schedule shall be effective (date):

I understand and agree to adhere to the alternative work schedule guidelines established by the Alternative Work Schedule Program. Management may terminate this agreement at any time with two days notice. I understand the State of New Mexico Workers' Compensation Program will cover me only during the authorized scheduled hours stated above. I confirm that this alternative work schedule follows the State of New Mexico's commitment to excellence in public service and meets the business needs of the agency. I understand that alternative work schedule eligibility is a privilege. Failure to abide by the terms and conditions of this agreement, or the Alternative Work Schedule Policy, will result in loss of the privilege.

#### SIGNATURES

	Date	
	Date	
	Date	

Employee
  Supervisor
  Agency Head/Division Director





# New Mexico State Personnel Board

## State Personnel Office

### Reporting Survey



SPO-2008-028-008  
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Instructions: Please enter the information for your agency in the table below. **Each employee is counted once.** If an employee teleworks and works an alternative work schedule, count the employee for **both**. Send this report by e-mail to your SPO Human Resource Manager by the 10<sup>th</sup> day following each closing quarter.

#### AGENCY INFORMATION

<b>Agency Name:</b>	<b>Agency #:</b>
<b>Name of Agency Coordinator:</b>	<b>Total # of employees in Agency:</b>

#### TELEWORK/ALTERNATIVE INFORMATION

Does your agency have a policy adopted for teleworking and on file at SPO?	-Select-				
Does your agency have a policy adopted for alternative work schedules and on file at SPO?	-Select-				
Quarter	1	2	3	4	Year Total
Total Telework employees:					
Total Telework Days:					
Total Alt. Work Schedule employees:					
Total employees utilizing public transportation and/or commuter services:					
Total employees utilizing Rail Runner:					

Summary and effectiveness of efforts made by agency to encourage telework and alternative work schedules (e.g. training, memo, orientation):

#### NOTE

Agencies are responsible for maintaining the names of employees participating in the various scheduling options. From time to time, the State Personnel Office will request the names and work e-mail addresses of a limited number of employees to participate in telework and/or work schedules surveys. Please contact the State Personnel Office at 476-7759 if you have reporting questions.