

The City of Bridgeport, Connecticut
Office of Labor Relations and Human Resources
CITY OF BRIDGEPORT CITY HALL
45 Lyon Terrace, Bridgeport, Connecticut 06604
Telephone (203) 576-7843 • Fax (203) 576-7844

Determining which Essential Positions and Employees are qualified for Teleworking

The department head, in conjunction with the employee's supervisor, must determine the following 1) Whether the position is appropriate for teleworking; 2) Whether the employee demonstrates the qualities necessary to telecommute successfully; 3) Whether there is the option of part-time teleworking and rotation of scheduling shared among employees within a given department.

In order to do so, the City will analyze the duties of the position and how the work is performed. The City will **not** eliminate or reassign any duties for the sole purpose of making a position (or a specific employee) more conducive to teleworking.

Analyzing the Position

Does the essential position have the following attributes that may be appropriate for telecommuting?

- Require independent work with minimum supervision
- Require little face-to-face interaction with co-workers, clients, customers, patients, etc.
- Result in specific, measurable work products
- Require materials that are easily and safely transportable to and from the workplace

Analyzing the Employee

Does the essential employee exhibit the following characteristics for telecommuting?

- Able to work productively on their own
- Are self-motivated and responsible
- Possess good time management and organizational skills
- Are knowledgeable about agency policies and procedures
- Have good communication skills
- Are successful in current position in meeting goals, objectives and deadlines.

Are you able to answer yes to the following questions?

- Will the efficiency and productivity of the work group remain constant if approved to telework?
- Can the employee, over the course of the work week and in compliance with all applicable polices, regulations and laws, perform the range of duties at the teleworking location?
- Do you have the supervisory and/or electronic capabilities to monitor the work performance of the teleworker at the teleworking location?

- Is the employee's work performance recognized as satisfactory or better?
- Can any confidential information (including but not limited to personal health information or financial information) managed or processed by the teleworker be adequately safeguarded and protected in a manner required by state and federal law, including HIPAA?
- Does the employee have a suitable place in his/her telecommuting location to ensure that a safe, confidential and appropriate work environment is maintained?
- Does the employee have reliable telephone and internet access in her place at his/her teleworking location in order to be available to his/her agency and to perform necessary work functions?

Are you able to answer no to the following questions?

- Will allowing teleworking impair operations-efficiency and productivity of the work group?
- Is the employee responsible for the health, safety, or well-being of clients or members of the public during normal work hours at the official work site?
- Does the employee have a job classification or position that requires leading or supervising staff? If so, how will that employee supervise staff while teleworking?
- Is the employee in a training class?

COMPLETE THE ATTACHED APPLICATION & RETURN VIA EMAIL TO THE ATTENTION OF Eric Amado eric.amado@bridgeportct.gov & Sandra Ferreira sandra.ferreira@bridgeportct.gov

Note: For those determined who will be an essential employee, it will be the responsibility of the department head and or supervisor to complete a weekly "Telework Productivity Measurement" report or sheet to be sent via email to Sandra Ferreira, the Human Resources Manager weekly. All productivity measurements will be reviewed and shared with the Chief Administrative Office.

Once the requests are received, they will be reviewed by the Administration, ranked by objective operational importance. Please understand this memorandum and guidance is considered an informational survey for the review of administration

TELEWORK APPLICATION FOR ESSENTIAL EMPLOYEES FOR COVID-19

NAME: _____

DEPARTMENT: _____

JOB TITLE: _____

NAME OF DEPARTMENT HEAD: _____

NAME OF IMMEDIATE SUPERVISOR: _____

TELECOMMUTING EFFECTIVE DATE: _____

TELECOMMUTE LOCATION (check one): HOME OFFICE _____ ALTERNATE SITE _____

ADDRESS: _____

CONTACT NUMBER: _____

EMPLOYEE WILL TELECOMMUTE _____ DAYS(S) PER WEEK, ON THE FOLLOWING DAYS:

MON TUES WED THUR FRI SAT SUN

TELECOMMUTER'S SCHEDULED WORK HOURS: _____

THE FOLLOWING DUTIES WILL BE PERFORMED BY THE EMPLOYEE:

THE DEPARTMENT HEAD/SUPERVISOR WILL MONITOR THE EMPLOYEE'S EFFICENCY AND PRODUCTIVITY AS FOLLOWS:

THE FOLLOWING EQUIPMENT WILL BE USED BY THE EMPLOYEE IN THE HOME / ALTERNATE SITE: (please specify whether the equipment is city-owned or employee-owned)

DOES YOUR 2-STEP AUTHENTICATION CODE RING TO YOUR CELL OR OFFICE PHONE?

WHICH APPLICATIONS DO YOU NEED ACCESS TO?

DO YOU NEED ACCESS TO FILES ON THE DEPARTMENT I DRIVE?

WHAT ARE YOUR ESSENTIAL FUNCTIONS IN MUNIS?

WILL YOU BE PROCESSING PAYMENTS? _____

DO YOU HAVE Wi-Fi AT HOME? _____

DO YOU KNOW HOW TO CONNECT TO Wi-Fi? _____

ADDITIONAL CONDITIONS AGREED TO BY THE TELECOMMUTING EMPLOYEE AND
MANAGEMENT:

ACKNOWLEDGEMENTS:

- THE CITY RESERVES THE RIGHT TO MODIFY OR TERMINATE THIS ARRANGEMENT AT ANY TIME.
- NOTHING CONTAINED IN THIS AGREEMENT CONVEYS NOR IS INTENDED TO CONVEY UPON THE EMPLOYEE A CONTRACT OF EMPLOYMENT NOR AN EXTRA-CONTRACTUAL BENEFIT IF YOU ARE A UNION MEMBER.
- BY SIGNING THIS ARRANGEMENT, THE DEPARTMENT HEAD AND EMPLOYEE ACKNOWLEDGE THEY HAVE REVIEWED AND FOLLOWED THE REQUIREMENTS AS OUTLINED IN THE PROVIDED MEMORANDUM.

EMPLOYEE: _____

DEPARTMENT HEAD: _____

IMMEDIATE SUPERVISOR (if any): _____

LABOR RELATIONS / HUMAN RESOURCES: _____

CHIEF ADMINISTRATIVE OFFICER: _____