

## Johns Hopkins Alternate Work Location Proposal Form

To request an alternate work location, complete this form in collaboration with your supervisor. After your supervisor and senior director have signed off on the form, it should be shared with your HR representative. Before submitting this form, employees are strongly encouraged to take the [online course](#), An Employee's Guide to Flexibility.

### Employee Information

Full Time       Part Time       Exempt       Non Exempt

Name

Title

Department

JH Office Phone

JH Email

Proposed Alternate Work Location

Address of Proposed Alternate Work Location

### Is this location within normal daily commuting distance of your primary work location?

Yes       No

### Method of Communicating from Alternate Work Location:

Phone       Cell Phone       Email       IM

### System Access:

Email       Database       Virtual Private Network (VPN Drive)       Other

### Method for Recording Work Time (non-exempt employees):

Email notes to supervisor       Other

**Current Work Schedule**

	Start Time	End Time	Total Hours	JH Office	Alternate Work Location
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

**Proposed Work Schedule**

	Start Time	End Time	Total Hours	JH Office	Alternate Work Location
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

**Describe the duties and assignments to be performed at the alternate work location:**

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**How will working from an alternate location sustain or enhance your ability to get your job done? Consider the impact of your flexible work arrangement on clients, coworkers, managers, direct reports, and your department or office.**

(Attach separate sheet if necessary.)

**Additional comments about proposed alternate work location** (optional):

**Supervisor's comments about employee's ability to get job done from an alternate work location:**

**Describe the solutions you propose to overcome any adverse impact presented by this arrangement:**

**Describe how regular communications will be handled:**

**Describe how and when your work will be reviewed and evaluated, and how your performance will be assessed:**

**What additional equipment, supplies, data, connectivity or furniture will you need at the alternate work location?**

**What equipment, supplies, and furniture are you requesting the department purchase or provide?**

**What period of notice would be required to attend a meeting on-site if you are working from an alternate location?**

**Should this proposal be approved, the employee certifies that the alternate work location is as described below and is safe, and the employee agrees to the terms and conditions on the following page:**

**A. Work Station Set-Up:**

1.  Yes  No The work area is located in this area of the home:
  2.  Yes  No The work area is separate from major family activity areas.
  3.  Yes  No The work area is clear of major traffic patterns during work hours.
  4.  Yes  No The work area is void of background/distracting noise during work hours.
  5.  Yes  No The work area and property are secured.
  6.  Yes  No The work area and equipment are ergonomically appropriate.
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**B. Safety:**

1.  Yes  No There are safe exit paths from the work area.
  2.  Yes  No There is an established evacuation plan.
  3.  Yes  No There is a functional smoke detector present.
  4.  Yes  No There is a fire extinguisher accessible from the work area.
  5.  Yes  No There are adequate first aid supplies available near the work area.
  6.  Yes  No The extension/power cords in the work area are in safe condition and do not pose a tripping problem.
  7.  Yes  No The electrical outlets in the work area are not overloaded.
  8.  Yes  No The air quality and ventilation in the work area is adequate.
  9.  Yes  No The work area is reasonably uncluttered so that it does not pose any hazard.
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**C. Property Insurance**

- Yes  No I have homeowners or renters insurance to include liability coverage.

## **Alternate Work Location Terms and Conditions**

### **Use and Ownership of Equipment**

The staff member agrees that use of equipment, software, data, supplies and furniture purchased or provided by Johns Hopkins for use in the alternate work location is limited to authorized persons and for purposes related to business including self-development, training, and tasks.

Johns Hopkins may choose to purchase equipment and related supplies for use by the staff member or permit the use of the staff member's personal equipment. The items purchased or provided by Johns Hopkins for staff use remain the property of Johns Hopkins and must be returned upon request or upon resignation, termination, or the onset of long-term disability. Johns Hopkins does not assume liability for loss, damage, or wear of staff-owned equipment.

A detailed list of equipment purchased or provided by Johns Hopkins and that provided by the employee must be included in this proposal. The staff member should contract his or her insurance carrier to determine to what extent his or her policy covers Johns Hopkins property. IF using property belonging to Johns Hopkins, the employee must provide evidence of insurance and the extent of his or her coverage (attach as addendum to proposal).

Johns Hopkins-owned software may not be duplicated except as formally authorized in compliance with the terms of software licensing agreements. The decision as to the type, nature, function, and quality of electronic hardware, computer software, data and telecommunications equipment rests solely with Johns Hopkins.

### **Safety, Security, and Privacy**

The staff member is expected to take responsibility precautions to protect Johns Hopkins equipment from theft, damage, or misuse. He or she is also responsible for maintaining Johns Hopkins data privacy and security and the confidentiality of records to the same degree as when working at a regular Johns Hopkins work location.

### **Work Space Designation**

The staff member agrees to designate a work space within the alternate work location for the purpose of placement of equipment to be used for work. The work space will be maintained in a safe condition, free of hazards. Representatives from Johns Hopkins have the right to visit the staff member's alternate work location to confirm it meets standards of safety, security, and working conditions. Such visits must be scheduled in advance.

### **Equipment Failure or Malfunction**

In the event of equipment failure or malfunction to Johns Hopkins property, the staff member agrees to notify immediately his or her supervisor and other appropriate parties at Johns Hopkins in order to ensure repair or replacement of equipment, grant access to the designated repair person, and/or arrange transport of the equipment for repair. In the event of a delay in repair or replacement of equipment, the staff member understands that he or she may be asked to report to another Johns Hopkins work location.

When the employee uses personal equipment, software, supplies, and furniture, he or she is responsible for maintenance and repair of these items unless other arrangements have been pre-authorized in writing by the supervisor.

### **Non-reimbursable Expenses**

Johns Hopkins will not reimburse the staff member for alternate work location related expenses such as heat, light, electricity, or insurance. Out-of-pocket expenses for supplies available through the employee's department will not be reimbursed. Unless pre-authorized in writing by the supervisor, the employee will be responsible for all expenses.

### **Dependent Care Arrangements**

An alternate work location is not considered a dependent care solution. It is recommended that appropriate dependent care arrangements be made as applicable.

### **Liability for Injuries**

The staff member should immediately report and follow-up in writing to his or her supervisor and other appropriate parties any job related accident, injury, or illness associated with any Johns Hopkins work completed in the alternate work location. The staff member understands that he or she is liable for injuries to third persons or to members of his or her family that occur on the staff member's property.

### **Tax Implications**

It is the staff member's responsibility to determine any tax implications for maintaining an alternate work location. Johns Hopkins will not provide tax assistance or assume any additional tax liabilities. It is recommended that the staff member contact a qualified income tax professional to discuss income tax implications.

I understand Johns Hopkins is not obligated to approve my proposal for a flexible work arrangement. The decision is at the discretion of my supervisor/manager and department head. If approved, this arrangement is subject to ongoing review and may be terminated at any time based on performance concerns or business needs. Generally, a supervisor/manager, department head, or the employee should give at least 30 days notice before ending or changing an arrangement, business needs permitting. Under this arrangement, the following remain the same: terms and conditions of employment; salary, health and welfare benefits, and Johns Hopkins sponsored retirement programs; job responsibilities, expectations, performance standards and appraisal cycle; compliance with Johns Hopkins policies, practices, and procedures.

\_\_\_\_\_  
Employee Signature Date

\_\_\_\_\_  
Employee (Print)

\_\_\_\_\_  
Supervisor/Manager Signature Date

\_\_\_\_\_  
Supervisor/Manager (Print)

\_\_\_\_\_  
Department Head/Designee Date

\_\_\_\_\_  
Department Head or Designee (Print)

Request Approved       Request Denied