

CITY OF NEWPORT
EMERGENCY ORDER NO. 2020-04

WHEREAS, the Governor of the State of Oregon declared a state of emergency for the state on March 8, 2020, finding that COVID-19 created a threat to the public health and safety and constituted a statewide emergency; and

WHEREAS, the City of Newport staff began meeting in early March regarding planning for a response to the COVID-19 emergency in Newport; and

WHEREAS, the Acting City Manager for the City of Newport declared an emergency on March 13, 2020, which was ratified by the Newport City Council at its meeting of March 16, 2020; and

WHEREAS, Newport staff took actions in an effort to “flatten the curve” of the COVID-19 virus, and by this Order, document those actions that include:

I, Spencer R. Nebel, City Manager, hereby order:

March 26, 2020 Approved a COVID-19 Temporary Telecommuting Policy. A copy of the policy is attached.



Spencer R. Nebel, City Manager

Dated: March 26, 2020



COVID-19 Temporary Telecommuting Policy

POLICY NUMBER: COVID-19.2	EFFECTIVE DATE: March 25, 2020
REVISION DATE:	REVISION NUMBER:
CITY MANAGER APPROVAL: 	DATE: 03-26-20

POLICY

In the event of an emergency such as a weather disaster or pandemic, The City of Newport may allow or require non-exempt employees to temporarily work from home to ensure business continuity.

Procedures

In the event of an emergency, the city may require certain non-exempt employees to work remotely. These employees will be advised of such requirements by the department head. Preparations should be made by employees and managers well in advance to allow remote work in emergency circumstances. This includes appropriate equipment needs, such as hardware, software, phone and data lines. The IT department is available to review these equipment needs with employees and to provide support to employees in advance of emergency telework situations. Only city issued equipment will be used for telecommuting purposes.

For voluntary telework arrangements, either the employee or department head can initiate a temporary telecommuting discussion during emergency circumstances. The employee and department head will discuss the job responsibilities and determine if the job is appropriate for a telecommuting arrangement, including equipment needs, workspace design considerations, and scheduling issues.

A telecommuting agreement will be prepared by human resources and signed by the employee and his or her supervisor and department head.

The employee will establish an appropriate work environment within his or her home for work purposes. The city will not be responsible for costs associated with the setup of the employee's home office, such as remodeling, furniture or lighting, nor for repairs or modifications to the home office space, or set-up and costs associated with internet connectivity and/or repairs.

The city will determine the equipment needs for each employee on a case-by-case basis. Equipment supplied by the organization is to be used for business purposes only.

Consistent with the organization's expectations of information security for employees working at the office, telecommuting employees will be expected to ensure the protection of proprietary city and customer information accessible from their home office.

Employees are expected to comply with all requirements set forth in Section XIII Communications and Software Systems of the Employee Handbook.

Employees should not assume any specified period of time for emergency telework arrangements, and the city may require employees to return to regular, in-office work at any time.

See Attachment A – Telecommuting Agreement



ATTACHMENT A COVID-19 Telecommuting Agreement

Adopted: March 25, 2020 and until further notice	
Purpose	The purpose of this agreement is to define a process for eligible non-exempt employees to temporarily work from an alternative location other than their normal work location for a period of time established by the City Manager.
Authority	This temporary agreement is authorized by the City Manager as part of the Temporary Telecommuting Policy Number COVID-19.2
Definitions	<p><u>Telecommute:</u> A pre-arranged, scheduled shift of work that occurs in a location other than an employee's normal work location.</p> <p><u>Eligible Employee:</u> An employee whose work can be completed from a remote location and is approved to do so by the employee's department head.</p>
Roles & Responsibilities	<p><u>Department Head and Supervisor:</u> Ensure employee's work responsibilities can be performed from a location other than their normal work location.</p> <p><u>Employees:</u> Ensure compliance with policies and processes</p>
Eligibility	<ol style="list-style-type: none"> 1. The employee's position must have work that can be performed from a remote location. 2. The employee must have work that generally does not require a physical presence in the office for the remote day. 3. The department head and supervisor must review and approve the telecommute schedule prior to implementation to ensure continuity of operations and services.
Process	<ol style="list-style-type: none"> 1. Arrange set day(s) of the week to work in a remote location in advance with your department head and supervisor. The telecommute schedule is not intended to be ad hoc and must be approved in advance. 2. If applicable, post your remote schedule on an Outlook office calendar. 3. At the beginning of your remote day(s) shift, email your department head and supervisor your work plan for the

	<p>day.</p> <ol style="list-style-type: none"> 4. Remain accessible and available through your normal means of communication to include email, Skype, team meetings and phone throughout the standard business hours through the conclusion of your shift. 5. Your city-issued laptop computer must be connected to the city network so that you have access to all drives and internal city web resources necessary to complete your work. 6. No use of a personal laptop or home computer is allowed. 7. Remain available to come onsite immediately if requested by department head or supervisor, unless you are quarantined. 8. Upon conclusion of your telecommute workday, notify your supervisor of your workday completion. 9. If you are unable to connect to the city network, or if your email or cell phone is malfunctioning, please contact your department head or supervisor to make other arrangements.
Verification	<p>Work verified by:</p> <ol style="list-style-type: none"> 1. Work plan is emailed to department head or supervisor at the beginning of your telecommute shift specifying the work being performed remotely. 2. Work completed as planned/discussed.
Notes	<ol style="list-style-type: none"> 1. The agreement is subject to change by the City Manager or department management to clarify ambiguity as it is identified. 2. Eligibility guidelines are defined in Temporary Policy COVID-19.2 and by department management. Management retains the right to cancel scheduled remote workdays for any reason. Rescheduling a canceled remote day is at the discretion of the department head and supervisor. 3. Participating employees commit to active engagement in work activities for the equivalent of a full workday. Basic "availability if needed" is not equivalent to "active engagement". 4. Activities such as housework or any activities, which are incompatible with working onsite, are equally incompatible with working in a remote location. 5. Breaks and rest periods should be observed in the same manner as when working on site. 6. Employees must attend all scheduled meetings using remote tools with full participation. Where feasible, employees will strive to schedule known medical, utility, delivery, consultation, or other appointments on the appointed remote day. 7. Leave (e.g. sick, vacation, comp, etc.) shall be utilized on

	remote days in the same manner as leave is utilized on non-remote days.
Effective Date:	3/25/2020

I agree to comply with the conditions set above and understand this agreement is temporary due to the COVID- 19 pandemic and may be rescinded at any time.

Employee Name: _____ Date: _____

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Department Head Signature: _____ Date: _____

HR Use Only

Time Period Authorized: _____ From: _____ To: _____

Equipment Requested: _____

Date IT Notified: _____ Initials: _____

