

## **Personnel Policy G.4**

## **Working at Home**

Catholic Charities is a social service agency and conducts much of its work on its premise. The Agency further strives to make the work environment very productive. It is therefore necessary for most of its employees to conduct work activities on its premises or at consumer sites. The agency further recognizes that there are occasions in which an employee needs to work at home for concentrated, uninterrupted time, for example writing grants; making early morning [before 8:30 a.m.] or evening [after 5 p.m.] phone calls; preparing a speech or training session; being closer to home after seeing a client and writing case notes. In **all** cases, a written product documents the work done at home. While working at home, the employee should check his/her phone messages at intervals and notify the main office and his/her job site how to get in touch with him/her in case of an emergency.

If an employee needs concentrated time, he/she is encouraged to shut his/her door or go to a quiet work space, request that all phone messages be held, and there be no interruptions. This employee should check his/her phone messages at intervals and return important and emergency telephone calls.

In an unusual/emergency situation, when an employee requests permission to work at home for an extended period of time, he/she must submit the attached form to the Executive Director for approval. Approval will be handled on a case by case basis.

In addition.

- the agency will not provide computers for home use;
- the Agency assumes no liability for personal computer equipment. printers. facsimile. telephone equipment etc.; and

Please note:

- Consumer records must be handled in a confidential manner [See Agency Policy C.14: Records Management] and consumer information must be placed in the consumer's file within 24 business hours of seeing the consumer.
- All consumer files/records must be kept on the Agency premise. When a file is removed from the Agency, the employee must follow the procedures outlined in the Records Management Policy.

**Attachment G.4**

**PERMISSION TO WORK AT-HOME FORM**

Employee's Name: \_\_\_\_\_

Date of Request: \_\_\_\_\_ Program: \_\_\_\_\_

Job Position: \_\_\_\_\_

Date to begin work at-home: \_\_\_\_\_

Days and/or hours to work at home: \_\_\_\_\_

Purpose for working at home: \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_  
Program Director

\_\_\_\_\_  
Date

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\_\_\_\_\_ Approved work at-home

\_\_\_\_\_ Denial work at-home

Comments: \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_  
Executive Director

\_\_\_\_\_  
Date