

## CORPORATE POLICY

**SUBJECT: Work Arrangements**

**CATEGORY: Human Resources**

**ORIGINAL DATE: March 22, 2023**

**REVIEWED DATE:**

**REVISION DATE:**

### I. **POLICY:**

This policy provides a framework for the implementation of equitable work arrangements to assure Lake County Health Department and Community Health Center (LCHD/CHC) programs meet the needs of our community and achieve agency and programmatic goals.

It is the responsibility of each program manager to evaluate the needs of their program and the requests of their staff, to consult with the appropriate Director and Human Resources (HR) to identify the most appropriate ways of working for their team and provide for equitable implementation of work arrangements. Work arrangements may include such variations as hours or days worked and location(s) from which work is conducted.

In some instances, work arrangements may be required by LCHD/CHC based on business needs. In other instances, work arrangements may be requests from an employee as a temporary or ongoing arrangement. Existing approved work arrangements shall be evaluated by the supervisor on a regular basis. If an employee on an approved work arrangement experiences performance-related deficiencies, or has been issued corrective actions or disciplinary consequences, the employee's work arrangement may be terminated or modified, as warranted. If an employee has previously been subject to corrective actions or disciplinary consequences, a request for a work arrangement may be denied.

A work arrangement may not be used in lieu of a leave of absence or an Americans with Disabilities Act (ADA) accommodation request.

### II. **SCOPE:**

All LCHD/CHC employees.

### III. **PROCEDURE:**

A. Managers are responsible for working with their staff, appropriate Director, HR, and potentially Organizational Effectiveness and Development to identify the most appropriate ways of working for their team. Factors to consider when identifying the most appropriate ways of working are:

1. How community, agency, programmatic, vendor, customer, and client needs will continue to be met.
2. How expectations will be communicated to the employee, as well as how productivity and performance will be monitored, quantified, and documented to ensure work is performed at the same or higher levels.
3. How work arrangements will be applied equitably.

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- B. Work arrangements may be terminated or modified by LCHD/CHC or by the supervisor, as warranted. Some examples that could result in the termination or temporary or long-term modification of a current work arrangement include:
1. Business needs are no longer being met.
  2. Job or job requirements change.
  3. Decline in performance.
  4. Current coverage or staffing needs change.
  5. Emergency events, such as severe weather or pandemic crisis.
  6. Technical issues while working remotely that are unable to be resolved within one (1) hour. Please refer to [Technical Issues While Working Remotely Guidelines](#).
- C. A "remote employee" is defined as:
1. Employees required to perform LCHD/CHC business from a remote location and do not have any workstation at a LCHD/CHC facility. The Remote Work Agreement form is required.
- D. In the case of an emergency, such as a severe weather event or pandemic crisis, LCHD/CHC may implement mandatory remote work for many employees. Employees will be advised of such requirements by their supervisor.
1. LCHD/CHC will make required preparations to allow remote work to be feasible during these emergency circumstances, including appropriate equipment needs, such as hardware and software.
  2. HR or the Public Health Emergency Operations Center (PHEOC) Logistics section will work with the Technology section to review these equipment needs and to provide support to employees in advance of emergency remote work situations.

#### **IV. REFERENCES:**

Normal Workday and Workweek Policy  
Scheduled Hours of Work Policy  
Employee Travel Expense Reimbursement Policy  
Remote Worker Stipend Policy  
Remote Work Agreement  
Technical Issues While Working Remotely Guidelines

#### **V. AUTHORS/REVIEWERS:**

Designated Review Team, Corporate Policy and Procedure Committee, Executive Team, and Lake County Board of Health Personnel Committee.

#### **VI. APPROVALS:**

Lake County Board of Health President

Signature: \_\_\_\_\_

Date: \_\_\_\_\_