

## TELEWORK PROGRAM REQUEST AND AGREEMENT

I, \_\_\_\_\_, request to participate in the Telework program. I understand, acknowledge and agree to the following terms:

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The address and telephone number of my Alternate Duty Station (ADS) is:

Address:

Telephone Number(s):

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Type of Telework:

(NOTE: All employees completing this form must select unscheduled telework, either exclusively or along with the other types of telework requested.)

Scheduled

Episodic

Work at Home by Exception (attach medical documentation)

Telework as a Reasonable Accommodation (attach medical documentation)\*

\* Provisions of this document may be modified to comply with an approved reasonable accommodation.

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Specific day(s) requested for participation in telework:

First Week:

Second Week:

Sunday                      Thursday

Sunday                      Thursday

Monday                     Friday

Monday                     Friday

Tuesday                    Saturday

Tuesday                    Saturday

Wednesday

Wednesday

Employee's statement of proposed work assignments at ADS:

By initialing the boxes below, I certify that I understand each condition required to maintain eligibility in telework:

1. The location of the ADS cannot be changed without prior approval of management. I understand I may have only one ADS.
2. The days I telework cannot be changed without prior approval of management.
3. My hours of duty at the ADS will be the same as my Official Duty Station (ODS).
4. My meal break and rest breaks will be the same as my ODS.
5. I will report my time and attendance in accordance with agency policy and ODS procedures while working at the ADS.
6. I will request leave in accordance with agency policy and any pertinent negotiated agreements.
7. I understand I may be required to use instant messaging, video, softphone, and similar technology while working at the ADS and I will be accessible to supervisors, clients, colleagues, and external customers during working hours, excluding meal breaks and rest breaks. I will retrieve and respond, in a timely manner, to voice and email messages left at the ADS and ODS and ensure that the instant message or similar technology accurately reflects my work status.
8. I understand I may be required to provide my work telephone contact information in my email signature. I will, if determined necessary by management, enable a preprogrammed e-mail reply to be sent in response to all incoming e-mail at the ODS.

9. I will return to my ODS, as soon as possible and no more than two hours after notification, if management determines that work requirements require such action, or I will request appropriate leave. I will not split a telework day between my ADS and ODS unless directed by management.

10. I understand management temporarily may suspend telework when work requirements require such action for training, conferences, meetings, or other operational needs. If management temporarily suspends or alters telework days, in lieu of days will be handled in accordance with Article 17.

11. Pursuant to Article 17 and the Weather and Safety Leave policy in Personnel Policy Manual (PPM) Chapter S630 10, I understand the requirement to perform telework at my approved ADS on a day when the ODS closes due to a hazardous weather or safety event.

12. If my ADS location is my residence, I will maintain the ADS worksite in a manner that is conducive to business and is free of hazards. I will, at a minimum, have workspace that includes a desk; chair; surge protector; and locking file cabinet, locking desk drawer or similar secure storage area for official records and information. I must have and maintain adequate workspace, proper lighting, basic telephone service, power and other utilities, adequate environmental conditions, adequate security, a working smoke detector, and a readily accessible, working fire extinguisher.

13. I understand I am responsible for all operating costs, home maintenance, and any other incidental costs (e.g., utilities, high-speed internet access, mortgage payments, rent, insurance, and taxes).

14. I agree that the agency is not liable for damages to personal or real property occurring during the course of performance of official duties except to the extent established by law.

15. I understand and will follow all agency policies and procedures on transporting, safeguarding, disclosure, and destruction of Agency information, records, and data. This includes policies on protecting Personally Identifiable Information; the Federal Information Security Management Act; the Privacy Act, 5 U.S.C. § 552, the regulations implementing the Privacy Act, including those at 20 C.F.R. Part 401; 42 U.S.C. § 1306; and all other statutes, regulations, and Agency policies pertaining to the disclosure, retention, and electronic transmission of official records and information.

16. I understand that management has the right to inspect my ADS prior to approving this telework agreement, in accordance with Agency policy and Article 17, to ensure conformity with the provisions set forth in the Telework Program Request and Agreement. Management may also inspect my ADS during core hours, with 24-hours' notice, after I begin teleworking. An employee may arrange for a NTEU representative to accompany the supervisor to the inspection.

17. I understand all laws, rules, regulations, and agency policies concerning conduct at the ODS remain in full force and effect at the ADS.

18. I will notify my supervisor immediately of any accident or injury that occurs to me at the ADS in the course of performing my official duties, and I will timely complete all forms required to process an initial claim under the Federal Employees' Compensation Act.

19. I understand that I will promptly inform management of any disruptions at the ADS, e.g., equipment failure, power outages, telecommunication difficulties, that impact my ability to perform agency assigned duties. I may be required to return to the ODS, or I may request leave.

20. I understand I am in duty status when teleworking. I will read and respond to emails and other forms of communication as if I were at the ODS. I will not use duty time for any purpose other than performing agency-assigned work. I will have resources necessary to perform my job duties and will concentrate on official duties without interruption. Telework is not a substitute for dependent care.

21. I understand I may be required to provide electronic notification to my supervisor at the beginning and/or end of my workday, and that I may be required to provide a written daily account of the work performed at my ADS. Management will determine the method of electronic notification and the format and required content of the written account.

22. Pursuant to Article 17 I understand that management may require employees who telework to share workspace (e.g., desk, cubicle, office) at the ODS.

23. I completed the mandatory agency approved telework training on \_\_\_\_\_.

I understand that I will not have to submit future requests once the original request is approved unless management initiates a required schedule change, I request a schedule change or a location change, or I change positions.

I understand that management may terminate my participation under the circumstances described in the telework policy or any applicable negotiated agreement. I may voluntarily terminate my participation in the telework program at any time.

I understand that if I do not report to my ODS at least twice per pay period on a regular and recurring basis, any locality pay may be affected.

I certify that I have read and I understand the eligibility conditions and requirements, employee responsibilities, the Telework Program Request and Agreement, and the provisions of the agency's policy (PPM [S650\\_1](#)) and any applicable negotiated agreement. I hereby certify that I will abide by all of these provisions while on telework and that failure to do so may result in my suspension or termination from telework.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approved

\_\_\_\_\_  
Disapproved

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Delegated Approving Official

\_\_\_\_\_  
Date

Reasons for Denial, if appropriate: