Department of Veterans Affairs

TELEWORK REQUEST/AGREEMENT

1. DATE OF REQUEST

PRIVACY ACT STATEMENT

AUTHORITY: Public Law 111-292, Telework Enhancement Act of 2010, and VA Handbook 5011, Part II, Chapter 4.
PRINCIPAL PURPOSE(S): Information is collected to register individuals as participants in the VA Alternative Workplace Arrangement (Telework) Program; to manage and document the duties of participants; and to fund, evaluate and report on program activity. The records may be used by Information Technology offices to determine equipment and software needs, for ensuring appropriate system safeguards are in place to protect information, and for assessing and managing technological risks and vulnerabilities. Provisions of 5 U.S.C. § 552a will apply if the completed agreement retrieved by individual identifies such as the participant's name or social security number.
DISCLOSURE: Disclosure is voluntary. However, failure to provide the requested information will result in our inability to include you as a participant in the VA Alternative Workplace (Telework) Program.

SECTION I - EMPLOYEE INFORMATION

1. NAME OF EMPLOYEE *(Last, First, Middle Initial)*

2. POSITION TITLE, SERIES, AND GRADE

3. NAME AND ADDRESS OF OFFICIAL DUTY STATION *(Street, Suite Number, City, State and Zip Code)*

4. ORGANIZATION/DIVISION *(Include Mail Code)*

5. STATION NUMBER

6. ADMINISTRATION/STAFF OFFICE

7. ☐ The employee's official duty station is documented on the most recent Standard Form (SF) 50, *Notification of Personnel Action*, for such purposes as determining special salary rates, locality pay adjustments, and travel.

SECTION II - PROPOSAL

1. NAME AND ADDRESS OF APPROVED ALTERNATIVE WORKSITE *(Street, Suite Number, City, State and Zip Code)*
Ad-Hoc

2. TYPE OF ARRANGEMENT *(Check all that apply)*

- ☐ REGULAR AND RECURRING *(Employees who telework on regularly scheduled days each biweekly pay period, and have completed required telework training and telework agreement.) (Portion of day acceptable)*
- ☑ AD-HOC *(Employees who telework on an occasional, episodic, or short-term basis, and have completed required telework training and telework agreement.) (Portion of day acceptable)*
- ☐ PARTIAL DAYS *(Can be used in combination with AD-HOC or Regular and Recurring)*

3. TYPE OF ALTERNATIVE WORKPLACE (TELEWORK) ARRANGEMENT PROPOSED *(the alpha prefix reflects the designated Telework PAID Code)*

- ☒ A - AD-HOC
- ☐ P - REGULARLY TELEWORKS 3 OR MORE DAYS A PAY PERIOD
- ☐ W - REMOTE WORK *(Employee works 100% of the time in non-VA-owned or leased space within the local commuting area of parent station)*
- ☐ S - REGULARLYTELEWORKS ONCE PER MONTH
- ☐ E - REGULARLY TELEWORKS 3 OR MORE DAYS PER WORKWEEK
- ☐ M - REMOTE WORK *(Employee works 100% of the time in non-VA-owned or leased space outside the local commuting area of parent station)*
- ☐ R - REGULARLY TELEWORKS 1 OR 2 DAYS A PAY PERIOD
- ☐ V - VIRTUAL *(Employee works outside of original hiring duty station at VA-owned or leased space)*

4. ACTUAL LENGTH OF AGREEMENT
☐ 1 - 3 MONTHS ☐ 7 - 12 MONTHS
☐ 4 - 6 MONTHS ☒ 12 MONTHS +

5. POSITION TELEWORK SUITABLE
☐ YES ☐ NO

6. EMPLOYEE TELEWORK ELIGIBLE
☐ YES ☐ NO

7. FULLY SUCCESSFUL OR HIGHER PERFORMANCE RATING
☐ YES ☐ NO

8. MANDATORY TELEWORK TRAINING COMPLETED
☐ YES ☐ NO

9. MANDATORY PRIVACY ACT TRAINING COMPLETED
☐ YES ☐ NO

10. EMPLOYEE SIGNED RULES OF BEHAVIOR
☐ YES ☐ NO

11. TYPE OF WORK SCHEDULE *(Check only one)*
☐ BASIC ☐ FLEXIBLE ☐ COMPRESSED

SECTION III - TYPE OF ALTERNATIVE WORKPLACE (TELEWORK) ARRANGEMENT APPROVED

(Complete Section XI if the employee's Telework request is denied)

1. ☐ REGULAR AND RECURRING *(Employees who telework on regularly scheduled days each biweekly pay period, and have completed required Telework Training and Telework Request/Agreement. A portion of a day is acceptable). Indicate the number of days approved to telework per week, pay period or month (i.e. approved to telework 1 day per week).*

2. ☑ AD-HOC *(Employees who telework on an occasional, episodic, or short-term basis, and have completed required telework training and telework agreement.) (A portion of a day is acceptable)*

SECTION IV - WORK SCHEDULE AND TOUR OF DUTY

1. APPROVED BI-WEEKLY TOUR OF DUTY: *(Indicate **AWS** for Alternative Worksite or **ODS** for Official Duty Station)*

	WEEK 1						
	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
HOURS							
LOCATION AWS/ODS							
	WEEK 2						
	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
HOURS							
LOCATION AWS/ODS							

SECTION V - CONTINUITY OF OPERATIONS AND "EMERGENCY RESPONSE GROUP" STATUS

☑ The employee is expected to telework for the duration of an emergency pursuant to a pandemic and/or when the traditional worksite/official duty station is closed due to emergency situations (e.g., snow emergencies, floods, hurricanes, act of terrorism, etc.). If the employee is unable to work due to illness, dependent care responsibilities, or other personal needs, the employee will take appropriate leave (e.g., annual or sick leave). The employee may be granted excused absence on a case-by-case basis when other circumstances (e.g., power failure) prevent the employee from working at the telework site. To the extent practicable, management will include a description of emergency duties with this agreement if the emergency duties differ from the employee's normal duties. *(Employee to check to acknowledge reading and understanding this term of the telework agreement)*

☐ The employee has been designated as a team member of the Department's and/or organization's Continuity of Operations Plan (COOP). The employee agrees to follow the procedures established for reporting to duty when a COOP plan is activated. The employee understands that during any period that VA is operating under a COOP plan, the plan shall supersede any telework policy. *(Employee to check if applicable)*

SECTION VI - DISABILITY AND MEDICAL CONDITIONS

VA Alternative Workplace Arrangement (Telework) Policy may be used as a reasonable accommodation for a qualified disability or as an accommodation for a temporary disability or for temporary medical reasons. All appropriate and applicable procedures must be applied and acceptable medical documentation provided accordingly. *(Check only one)*

☑ NOT APPLICABLE: The employee is not using telework as an accommodation for a qualified temporary disability or for medical reasons.

☐ QUALIFIED DISABILITY: The employee is using telework as a reasonable accommodation for a qualified disability.

☐ TEMPORARY DISABILITY/TEMPORARY MEDICAL REASONS: The employee is using telework as an accommodation for a temporary disability or for temporary medical reasons.

SECTION VII - TELEWORKER SELF-CERTIFICATION SAFETY CHECKLIST

Please complete and sign the self-certification safety checklist. The purpose of the checklist is to assess the overall safety of your alternative workplace.

LIST OF ITEMS/CONDITIONS TO INSPECT			
1. Are temperature, noise, ventilation, and lighting levels adequate for maintaining your normal level of job performance?	☐ YES	☐ NO	☐ NA
2. Are all stairs with four or more steps equipped with handrails?	☐ YES	☐ NO	☐ NA
3. Are all circuit breakers and/or fuses in the electrical panel labeled as to the intended service?	☐ YES	☐ NO	☐ NA
4. Do circuit breakers clearly indicate if they are in the open or closed position?	☐ YES	☐ NO	☐ NA
5. Is all electrical equipment free of recognized hazards that would cause physical harm (frayed wires, bare conductors, loose wires, flexible wires running through walls, exposed wires to the ceiling?	☐ YES	☐ NO	☐ NA
6. Will the building's electrical system permit the grounding of electrical equipment?	☐ YES	☐ NO	☐ NA
7. Are aisles, doorways, and corners free of obstructions to permit visibility and movement?	☐ YES	☐ NO	☐ NA
8. Are file cabinets and storage closets arranged so drawers and doors do not open into walkways?	☐ YES	☐ NO	☐ NA
9. Do chairs have any loose wheels or unsturdy legs or loose/missing rungs?	☐ YES	☐ NO	☐ NA
10. Are the phone lines, electrical cords, and extension wires secured under a desk or alongside a baseboard?	☐ YES	☐ NO	☐ NA
11. Is the office space neat, clean, and free of combustibles?	☐ YES	☐ NO	☐ NA
12. Are floor surfaces clean, dry, level and free of worn or frayed seams?	☐ YES	☐ NO	☐ NA
13. Are carpets well secured to the floor and free of frayed seams?	☐ YES	☐ NO	☐ NA
14. Is there enough light for reading?	☐ YES	☐ NO	☐ NA
15. Is there a smoke detector in or near the work area?	☐ YES	☐ NO	☐ NA
16. Are lavatories available with hot and cold running water?	☐ YES	☐ NO	☐ NA
17. Is the workspace free of asbestos-containing materials?	☐ YES	☐ NO	☐ NA
18. Is there a potable (drinkable) water supply?	☐ YES	☐ NO	☐ NA
19. Is the space free of noise hazards?	☐ YES	☐ NO	☐ NA
20. To the extent it can be determined, is the work area free of indoor air quality problems?	☐ YES	☐ NO	☐ NA
21. Is your chair adjustable?	☐ YES	☐ NO	☐ NA
22. Do you know how to adjust your chair?	☐ YES	☐ NO	☐ NA
23. Is your back adequately supported by a backrest?	☐ YES	☐ NO	☐ NA
24. Are your feet on the floor or fully supported by a footrest?	☐ YES	☐ NO	☐ NA
25. Are you satisfied with the placement of your computer and keyboard?	☐ YES	☐ NO	☐ NA
26. Is it easy to read the text on your screen?	☐ YES	☐ NO	☐ NA
27. Do you need a document holder?	☐ YES	☐ NO	☐ NA
28. Do you have enough leg room at your desk or seat?	☐ YES	☐ NO	☐ NA
29. Is the computer screen free from noticeable glare?	☐ YES	☐ NO	☐ NA
30. Is the top of the computer screen eye level?	☐ YES	☐ NO	☐ NA
31. Is there space to rest the arms while not keying?	☐ YES	☐ NO	☐ NA
32. When keying, are your forearms close to parallel with the floor?	☐ YES	☐ NO	☐ NA
33. Are your wrists fairly straight when keying?	☐ YES	☐ NO	☐ NA

SECTION VIII - TERMS OF TELEWORK ARRANGEMENT

The terms of this agreement must be read in conjunction with the Department of Veterans Affairs (VA) Alternative Workplace Arrangement (Telework) Policy (VA Handbook 5011, Part II, Chapter 4), applicable collective bargaining agreement, and/or any other guidance provided by the employing organization. VA Telework Policy is available on the Office of Human Resources Management Web Site at http://vaww1.va.gov/ohrm/HRLibrary/Dir-Policy.htm. Signatories certify that they will abide by this agreement, the VA Telework Policy, and/or other supplemental terms established by the employing organization. Where any Department regulation conflicts with a Collective Bargaining Agreement covering an individual, the Collective Bargaining Agreement language shall govern.

1. Voluntary Participation: The employee voluntarily agrees to work at the VA approved alternative worksite and follow all applicable policies, and procedures. The employee recognizes that the telework arrangement is not an employee right but is an additional work flexibility that VA management may approve at its discretion to accomplish organizational and VA mission.

2. Work Schedule and Tour of Duty: Management and the employee agree that the employee will work the same work schedule at the alternative worksite that the employee works at the regular office. Management determines the day(s) that the employee will work at the alternative worksite. The employee's official tour of duty will be as stated in Section III - Work Schedule and Tour of Duty. Work schedules and hours of duty may be modified as necessary but are subject to local management procedures and approval and/or collective bargaining agreement requirements prior to the effective date of any change. If the employee is designated to telework in an emergency situation (as indicated in Section V of this agreement), the work hours may be subject to change. Emergency schedules will be set based on mission needs. The employee understands that during any period that VA is operating under a COOP plan, the plan shall supersede any telework policy.

a. The employee may be required to return to the traditional worksite on scheduled telework days based on operational requirements. If a change in the employee's work schedule is necessary, management will afford the employee as much advance notice as practicable. The employee understands that a recall to the office for operational reasons is not a termination of the telework agreement. In situations where the employee is called to return to the office outside of normal work hours, the recall shall be made in accordance with established policy and/or collective bargaining agreements, if applicable.

b. Management agrees to accommodate the request of the employee for a change in the employee's scheduled telework day(s) to the extent possible in a particular week or bi-weekly pay period consistent with mission requirements.

c. Management and the employee agree that a permanent modification in the telework arrangement will require approval of a new Telework Agreement.

3. Duty Station and Alternative Worksite: The employee and management agree that the employee's official duty station is based on how often an employee reports to the worksite or approved alternative worksite on a regular and recurring basis. If the employee reports to the traditional worksite at least twice per pay period, the traditional worksite is the official duty station as defined in part 531.605, of title 5, Code of Federal Regulations. The employee understands that all pay, leave, and travel entitlements are based on the official duty station. With reasonable notice to the employee, management has the right to change the workdays at the official duty station or alternative worksite. If the employee does not report to the traditional worksite at least twice each biweekly pay period, the official worksite is the location of the employee's telework site. Exceptions to the twice each biweekly pay period requirements may be made during emergencies (including a pandemic) and for short-term situations (e.g., special projects, medical accommodation).

4. Pay and Benefits: Management agrees that a telework arrangement is not a basis for changing the employee's pay and benefits, unless the employee's official duty station is changed due to an approved alternative workplace arrangement in a different geographical location. All pay (to include locality pay or local market supplement) is based on the employee's official duty station as documented on a SF-50, Notice of Personnel Action.

5. Official Duties: The employee agrees to only perform official duties when on duty at the traditional worksite or approved alternative worksite although limited personal business may be conducted within the parameters of VA Directive 6001, http://vbaw.vba.va.gov/ro/south/winsa/va%20directive%206001.htm . The employee acknowledges that telework is not a substitute for dependant care.

6. Time and Attendance: The employee's supervisor will ensure that the timekeeper has a copy of the employee's telework work schedule.

7. Leave: The employee agrees to follow established office procedures, policy and regulations for requesting and obtaining approval of leave.

8. Emergency Dismissal or Closure Procedures: The employee is expected to telework for the duration of an emergency pursuant to a pandemic and/or when the traditional worksite/official duty station is closed due to emergency situations (e.g., snow emergencies, floods, hurricanes, act of terrorism). If the employee is unable to work due to illness, dependent care responsibilities or other personal needs, the employee will take appropriate leave (e.g., annual or sick leave). The employee may be granted excused absences on a case-by case basis when other circumstances (e.g., power failure) prevent the employee from working at the telework site. To the extent practicable, management will include a description of emergency duties with this agreement if emergency duties differ from the employee's normal duties.

9. Overtime. The employee agrees to work overtime (e.g., time in excess or the prescheduled and authorized tour of duty) only when ordered and approved in advance by the supervisor. The employee understands that working overtime without permission may result in termination of the telework arrangement, including appropriate disciplinary action.

SECTION VIII - TERMS OF TELEWORK ARRANGEMENT *(Continued)*

10. Equipment/Supplies: The employee agrees to protect any government-owned equipment and use equipment for official purposes. It is understood that limited personal use of government-owned equipment is acceptable within the parameters of VA Directive 6001, http://vbaw.vba.va.gov/ro/south/winsa/va%20directive%206001.htm The employee agrees to promptly report the need for repairs and return the equipment to to the designated office for maintenance and repairs as necessary. The employee further agrees not to install any non-approved software or hardware to government-owned equipment issued to them and comply with the terms of computer software license and copyright agreements, computer virus protection requirements and procedures. Management agrees to service and maintain any government-owned equipment issued to the employee and may require that the employee transport any equipment provided to and from the office for maintenance or other business purposes.

11. Damage to Government Equipment: The employee agrees to protect and maintain government-owned equipment in a secure environment. The employee understands that the loss, theft, or damage to government equipment will be handled in accordance with procedures for comparable situations at the traditional worksite. If equipment is damaged by someone other than the employee (for example, dependents of the employee) the employee may be held responsible for the repair or replacement of the equipment, software, etc., if government equipment is damaged due to the employee's own negligence or other misconduct by the employee.

12. Lost, Mislaid or Stolen Equipment: In the event that a laptop or other equipment issued to the employee is lost, mislaid or stolen, the employee shall immediately notify his or her Information Security Officer, immediate supervisor, and the Privacy Officer.

13. Liability: The employee understands that the government will not be responsible for damages to an employee's personal or real property while the employee is working at the approved alternative worksite, except to the extent the government is held liable by the Federal Tort Claims Act, 28 U.S.C. §§ 2671-2680, or the Military Personnel and Civilian Claims Act, 31 U.S.C. § 3721, 38 U.S.C. §§ 14.664-14.669.

14. Work Area (work-at-home only): The employee agrees to provide a distraction-free worksite adequate for the performance of official duties and sign the Self-Certification Safety Checklist certifying that the telework location meets all safety requirements.

15. Worksite Inspection: The employee agrees to permit the government to inspect the alternative worksite during the employee's normal working hours to ensure proper maintenance of government-owned property and conformance with safety standards. The employer will give the employee reasonable notice of a planned inspection.

16. Alternative Worksite Costs: The employer agrees that the government will not be responsible for any operating costs that are associated with the employee using his or her home as an alternative worksite (e.g., home maintenance and utilities). Utility costs include monthly service charges for telephone, cable or Internet service providers. Management agrees to reimburse the employee for business-related long distance calls with prior written approval only. Management has the option to provide the employee with a government-issued calling card or personal digital assistant (e.g., Blackberry) for business-related long distance calls. Approved authorizations are filed with this agreements. The employee understands that he or she does not relinquish any entitlement to reimbursement for authorized expenses incurred while performing official duties, as provided for by statute or regulation.

17. Workers' Compensation: The employee understands that he or she is covered under the Federal Employees' Compensation Act if injured while performing official duties at the authorized alternative worksite. The employee agrees to notify the supervisor immediately of any accident or injury that occurs at the alternative worksite and to complete any required forms. The supervisor will investigate all reports of injury as soon as practicable following the notification.

18. Work Assignments/Performance: The employee agrees to complete all assigned work according to procedures established by the supervisor. The employee may be required to attend meetings, conferences, training or otherwise report to the traditional office on day or hours normally scheduled as the alternative worksite. The employee will meet with the supervisor to receive assignments and review completed work as necessary and appropriate. The employee's performance will be evaluated against standards contained in the employee's performance plan. Management and the employee understand there will be no distinction in the performance standards for teleworkers and non-teleworkers. Teleworkers and non-teleworkers will be treated equally for purposes of periodic appraisals of job performance, training, rewarding, reassigning, promoting, reduction in grade, retaining, and removal, work requirements, and acts involving managerial discretion.

19. Information Security: The employee will apply approved safeguards to protect government/VA records from unauthorized access, disclosure or damage and will comply with the requirements of the Privacy Act of 1974, (5 U.S.C. § 552a), all applicable Federal privacy laws, regulations, and VA policies and procedures. The employee understands that if confidential, sensitive, sensitive classified, unclassified or source selection data is authorized for use at the alternative worksite location, management will include criteria for proper handling, encryption, storage, safeguarding, and return of such information and data in the space allowed for Supervisor - Employee Specific Terms and Conditions (Section VIII-A) of this agreement.

20. Standards of Ethical Conduct: The employee agrees that he or she is bound by official standards of conduct, Handbook 5025, while working at the alternative worksite.

21. Compliance with this Agreement: The employee understands that failure to comply with the terms of this agreement may result in termination of this agreement. The employee also understands that nothing in this agreement precludes management from taking any appropriate disciplinary or adverse action against an employee who fails to comply with the provisions of the agreement. Failure to comply also may result in disciplinary action against the employee if just cause exists to warrant such action.

22. Termination of Agreement: The employee may terminate participation in the telework arrangement at any time with appropriate notice, in compliance with VA Handbook 5011, Part II, Chapter 4 or applicable collective bargaining agreement.

23. Telework Agreement Revalidation: The employee understands that this Telework Agreement will need to be recertified or renewed based on the length of approval for the agreement in Section II. This requirement is not applicable to agreements approved for 12 months + or for agreements which are canceled or terminated.

SUPERVISOR/EMPLOYEE SPECIFIC TERMS AND CONDITIONS

(If this section is completed, the employee and supervisor must sign and date)

Will continue to perform regular work/duty assignments via telehealth/telework arrangements in direct support of and for the duration of the emergency.

CERTIFICATION

Employee Certification: By signing this Telework Agreement, the employee certifies that he/she has read the terms of this agreement, taken the required training, and agrees to adhere with applicable policies and procedures.

Management Certification: By signing this Telework Agreement, management officials certify that the position of the employee is suitable for telework, the employee is personally eligible for telework, and they have taken required telework training.

EMPLOYEE SIGNATURE	DATE *(MM/DD/YYYY)*
SUPERVISOR SIGNATURE	DATE *(MM/DD/YYYY)*
AUTHORIZING OFFICIAL SIGNATURE (*If required by your management*)	DATE *(MM/DD/YYYY)*

SECTION IX - TECHNOLOGY/EQUIPMENT CHECKLIST

(This checklists must be completed and approved.)

(1) TECHNOLOGY/EQUIPMENT *(Include all that apply)*	(2) REQUIREMENT	(3) OWNERSHIP: VA OR PERSONAL	(4) REIMBURSEMENT BY ORGANIZATIONAL COMPONENT
1. COMPUTER EQUIPMENT	☐ YES ☐ NO	☐ VA ☐ PERSONAL	☐ YES ☐ NO
a. LAPTOP	☐ YES ☐ NO	☐ VA ☐ PERSONAL	☐ YES ☐ NO
b. DOCKING STATION	☐ YES ☐ NO	☐ VA ☐ PERSONAL	☐ YES ☐ NO
c. DESKTOP	☐ YES ☐ NO	☐ VA ☐ PERSONAL	☐ YES ☐ NO
d. PDA	☐ YES ☐ NO	☐ VA ☐ PERSONAL	☐ YES ☐ NO
e. SOFTWARE	☐ YES ☐ NO	☐ VA ☐ PERSONAL	☐ YES ☐ NO
f. BLACKBERRY	☐ YES ☐ NO	☐ VA ☐ PERSONAL	☐ YES ☐ NO
g. OTHER *(Identify)*	☐ YES ☐ NO	☐ VA ☐ PERSONAL	☐ YES ☐ NO
2. ACCESS	☐ YES ☐ NO	☐ VA ☐ PERSONAL	☐ YES ☐ NO
a. IPASS/VPN ACCOUNT	☐ YES ☐ NO	☐ VA ☐ PERSONAL	☐ YES ☐ NO
b. CITRIX - WEB ACCESS	☐ YES ☐ NO	☐ VA ☐ PERSONAL	☐ YES ☐ NO
c. OTHER *(Identify)*	☐ YES ☐ NO	☐ VA ☐ PERSONAL	☐ YES ☐ NO
3. REQUIRED ACCESS CAPABILITIES	☐ YES ☐ NO	☐ VA ☐ PERSONAL	☐ YES ☐ NO
a. SHARED DRIVES *(e.g., H or Q)*	☐ YES ☐ NO	☐ VA ☐ PERSONAL	☐ YES ☐ NO
b. EMAIL	☐ YES ☐ NO	☐ VA ☐ PERSONAL	☐ YES ☐ NO
c. INTERNET	☐ YES ☐ NO	☐ VA ☐ PERSONAL	☐ YES ☐ NO
d. INTRANET	☐ YES ☐ NO	☐ VA ☐ PERSONAL	☐ YES ☐ NO
e. OTHER APPLICATIONS *(Identify)* _____	☐ YES ☐ NO	☐ VA ☐ PERSONAL	☐ YES ☐ NO
4. CONNECTIVITY	☐ YES ☐ NO	☐ VA ☐ PERSONAL	☐ YES ☐ NO
a. DIAL-IN	☐ YES ☐ NO	☐ VA ☐ PERSONAL	☐ YES ☐ NO
b. BROADBAND	☐ YES ☐ NO	☐ VA ☐ PERSONAL	☐ YES ☐ NO
c. AIR CARD	☐ YES ☐ NO	☐ VA ☐ PERSONAL	☐ YES ☐ NO
d. OTHER *(Identify)*	☐ YES ☐ NO	☐ VA ☐ PERSONAL	☐ YES ☐ NO
5. EQUIPMENT/SUPPLIES	☐ YES ☐ NO	☐ VA ☐ PERSONAL	☐ YES ☐ NO
a. COPIER	☐ YES ☐ NO	☐ VA ☐ PERSONAL	☐ YES ☐ NO
b. SCANNER	☐ YES ☐ NO	☐ VA ☐ PERSONAL	☐ YES ☐ NO
c. PRINTER	☐ YES ☐ NO	☐ VA ☐ PERSONAL	☐ YES ☐ NO
d. FAX MACHINE	☐ YES ☐ NO	☐ VA ☐ PERSONAL	☐ YES ☐ NO
e. DESK AND CHAIR	☐ YES ☐ NO	☐ VA ☐ PERSONAL	☐ YES ☐ NO
f. PAPER SUPPLIES	☐ YES ☐ NO	☐ VA ☐ PERSONAL	☐ YES ☐ NO
g. PHONE CARD	☐ YES ☐ NO	☐ VA ☐ PERSONAL	☐ YES ☐ NO
h. OTHER *(Identify)*	☐ YES ☐ NO	☐ VA ☐ PERSONAL	☐ YES ☐ NO

6. Does the employee's job require access to confidential and/or secure files and information? *(If "YES", complete question 6a and contact your supervisor for approval and certification)* ☐ YES ☐ NO

6a. Identify the type of confidential and/or secure files and information the employee will need access to at the alternative worksite?

7. EMPLOYEE SIGNATURE	DATE *(MM/DD/YYYY)*
8. SUPERVISOR SIGNATURE ☐ APPROVED ☐ DISAPPROVED *(Explain in 8a)*	DATE *(MM/DD/YYYY)*

8a. COMMENTS

SECTION X - NOTICE OF TELEWORK ARRANGEMENT TERMINATION

(Complete this section when the Telework Agreement is terminated. Check one)

1. INITIATED BY *(Mark one)*	2. TERMINATION DATE *(MM/DD/YYYY)*
☐ EMPLOYEE ☐ SUPERVISOR	

3. The telework option is not an employee right but the supervisor's discretion to determine how work should be accomplished within the organization. Termination from the Telework Agreement can be either voluntary or involuntary.

4. This is to notify you that the Telework Agreement which was signed on is no longer in effect and is hereby terminated, effective .

5. Termination is based on *(please check only one)*:

☐ VOLUNTARY WITHDRAWL

☐ INVOLUNTARY WITHDRAWL

6. If involuntary, this decision was based on the following:

☐ THE EMPLOYEE DOES NOT HAVE SUFFICIENT DUTIES OR WORK ACTIVITIES SUITABLE FOR PERFORMANCE AT AN ALTERNATIVE WORKSITE.

☐ THE EMPLOYEE'S ABSENCE FROM THE TRADITIONAL OFFICE (OFFICAL DUTY STATION) ADVERSELY IMPACTS THE OPERATION OF THE WORK UNIT.

☐ THE EXTENT OF SUPERVISION REQUIRED FOR THE EMPLOYEE COULD NOT BE ACHIEVED WHILE TELEWORKING.

☐ THE EMPLOYEE'S ALTERNATIVE WORKSITE DOES NOT MEET PRESCRIBED ACCEPTABLE STANDARDS. *(State the specific deficiency issue(s)).*

☐ THE EMPLOYEE WAS REASSIGNED OR DETAILED TO A NEW POSITION. A NEW TELEWORK AGREEMENT IS REQUIRED FOR THE EMPLOYEE TO BE APPROVED TO TELEWORK.

☐ THE EMPLOYEE DOES NOT MEET PERFORMANCE-RELATED ELIGIBILITY REQUIREMENTS. *(State the specific deficiency issue(s)).*

☐ THE EMPLOYEE DOES NOT MEET CONDUCT-RELATED ELIGIBILITY REQUIREMENTS. *(State the specific deficiency issue(s)).*

☐ THE EMPLOYEE BREACHED INFORMATION TECHNOLOGY SECURITY POLICIES AND/OR PROCEDURES.

☐ THE EMPLOYEE WORKED OVERTIME WITHOUT PRIOR APPROVAL.

☐ OTHER *(Please specify)*

EMPLOYEE SIGNATURE	DATE *(MM/DD/YYYY)*
SUPERVISOR SIGNATURE	DATE *(MM/DD/YYYY)*
AUTHORIZING OFFICIAL SIGNATURE (*If required by your management*)	DATE *(MM/DD/YYYY)*

SECTION XI - DECISION OF DENIAL ON ALTERNATIVE WORKPLACE ARRANGEMENT (TELEWORK) REQUEST

(Complete this section when the employee's request to Telework is denied)

1. This is to notify you that your Telework Request/Agreement submitted on _____, is denied.

2. The denial is based on the following;

☐ YOUR POSITION IS NOT SUITABLE FOR TELEWORK.

☐ YOUR ALTERNATIVE WORKSITE DOES NOT MEET PRESCRIBED ACCEPTABLE STANDARDS *(State the specific deficiency issue(s)).*

☐ YOU DO NOT HAVE SUFFICIENT DUTIES OR WORK ACTIVITIES SUITABLE FOR PERFORMANCE AT AN ALTERNATIVE WORKSITE.

☐ YOUR ABSENCE FROM THE TRADITIONAL OFFICE (OFFICIAL DUTY STATION) ADVERSELY IMPACTS THE OPERATION OF THE WORK UNIT.

☐ THE EXTENT OF SUPERVISION REQUIRED IN CONNECTION WITH THE PERFORMANCE OF YOUR DUTIES CAN NOT BE ACHIEVED WHILE TELEWORKING.

☐ YOU DO NOT MEET PERFORMANCE-RELATED ELIGIBILITY REQUIREMENTS. *(State the specific deficiency issue(s)).*

☐ YOU DO NOT MEET CONDUCT-RELATED ELIGIBILITY REQUIREMENTS. *(State the specific deficiency issue(s)).*

☐ YOU BREACHED INFORMATION TECHNOLOGY POLICIES AND/OR PROCEDURES.

☐ OTHER *(Specify)*

SUPERVISOR SIGNATURE	DATE *(MM/DD/YYYY)*
EMPLOYEE SIGNATURE	DATE *(MM/DD/YYYY)*