

DOJ TELEWORK AGREEMENT FORM

Part 1: General Information (Please type or print clearly)																											
Action Requested:	New <input type="checkbox"/>	Change <input type="checkbox"/>	Termination <input type="checkbox"/>																								
			Date of Request _____																								
Employee Information																											
Employee Name _____		Component/Division _____	Office _____																								
() _____	() _____	() _____	() _____																								
Work Phone _____	Blackberry Phone _____	Home Phone _____	Cell Phone _____																								
Supervisor's Name _____																											
Part 2: Telework Agreement																											
<i>The following constitutes an agreement on the terms and conditions of the telework arrangement between the employee and the Department of Justice.</i>																											
Approved Telework Option/Days																											
<i>Select one option:</i>																											
<input type="checkbox"/>	Routine Scheduled Telework Days (per Pay Period)																										
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;"></th> <th style="width: 20%;">Week 1</th> <th style="width: 20%;">Week 2</th> </tr> </thead> <tbody> <tr><td>Monday</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Tuesday</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Wednesday</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Thursday</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Friday</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Saturday</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Sunday</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> </tbody> </table>				Week 1	Week 2	Monday	<input type="checkbox"/>	<input type="checkbox"/>	Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	Thursday	<input type="checkbox"/>	<input type="checkbox"/>	Friday	<input type="checkbox"/>	<input type="checkbox"/>	Saturday	<input type="checkbox"/>	<input type="checkbox"/>	Sunday	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	Routine Scheduled Days per month: <i>List Days per month (if not authorized to telework at least one day per pay period, but at least one regularly scheduled and recurring telework day per month):</i>																										
<input type="checkbox"/>	Situational (Ad Hoc: short period of time, project based, unscheduled or weather related) <i>Provide examples of approved telework situations</i>																										

Terms of Agreement

1. Telework is not an employee right. The employee volunteers to telework and to adhere to applicable guidelines and DOJ telework policies. The Department concurs with employee participation and agrees to adhere to applicable guidelines and policies.

2. The employee agrees to participate for a period beginning: _____ and ending: _____. The terms of this agreement should be reviewed and updated as necessary, but no less frequently than once every two years.

3. The supervisor and employee agree to the following tour of duty for the telework location.

Start Time		Stop Time	
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4. Employee's official worksite:

Street Address	City, State	Zip Code
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5. Employee's traditional worksite (if different from the employee's official worksite):

Street Address	City, State	Zip Code
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6. The approved telework locations are:

Primary telework location:

Street Address	City, State	Zip Code
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Secondary telework location:

Street Address	City, State	Zip Code
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Describe in detail the designated work area at the telework locations:

7. Employee has completed the Safety Checklist for Telework Locations. Employee and supervisor have discussed requirements for an adequate and safe work area and the employee certifies that all approved telework locations meet those requirements.

8. Employee completed telework training on _____ (date).

9. The following equipment has been issued to the employee and documented by the agency:

Equipment	Description	Issue Date	Serial Number	DOJ Property Tag #	Return Date
Computer					
Telephone/Blackberry					
Other					
Other					
Other					

10. All timekeeping, leave, performance requirements, and special pay approvals are the same as for the traditional worksite, except if telework is frequent enough to require change in duty location.

11. Provided the employee is given at least 24 hours advance notice, the employee agrees to allow the supervisor or a designee, to inspect the telework location during the employee's normal working hours. This is to ensure worksite conformance with these guidelines.

Terms of Agreement		
12. The employee must immediately notify the supervisor of any work related accident, injury, or illness occurring at the telework location and timely submit completed Occupational Injury/Illness Forms, as appropriate.		
13. The Government will not be liable for damages to an employee's personal or real property during the course of performance of official duties or while using Government equipment in the employee's residence, except to the extent the Government is held liable by Federal Tort Claims Act.		
14. The Government will not be responsible for operating costs, home maintenance, or any other incidental costs whatsoever, associated with the use of the employee's residence. While teleworking, the employee is entitled to reimbursement for authorized expenses incurred while conducting business for the Government, as provided for by statute and implementing regulations.		
15. The employee will apply approved safeguards when teleworking to protect Government/agency records from unauthorized disclosure or damage. He/she will comply with the Privacy Act requirements per DOJ Order 3011.1A, and the provisions specified in DOJ Order 2640.2F, Information Technology Security, in order to protect access to DOJ electronic information and computer systems.		
16. The employee may voluntarily terminate a telework agreement at any time. Supervisors may remove the employee from a telework agreement in accordance with DOJ telework policies, established administrative procedures, and union negotiated agreements. _____ (initial)		
17. The employee agrees to limit performance of officially assigned duties to the traditional worksite or to agency-approved telework locations. Failure to comply with this provision may result in termination of the telework agreement, or appropriate disciplinary action.		
18. The employee agrees that he or she may be required to telework outside of his or her normal telework schedule in the case of a temporary emergency situation (e.g. worksite closure, authorized early dismissal, authorized delayed arrival, declaration of COOP status).		
19. The employee certifies that adequate dependent care arrangements are in place, and will not interfere with the employee's ability to telework.		
Safety Checklist for Telework Locations		
The following checklist is designed to help you assess the overall safety of telework locations. Each participant should read the safety checklist provided below and certify that all telework locations are in compliance with all listed safety criteria.		
Safety Feature	Yes	No
1. Is the space free of indoor air quality hazards such as asbestos and mold?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the work space equipped with fire, smoke, and carbon monoxide detectors?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are stairways and walkways nonslip and free of obstructions and trip hazards?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is all electrical equipment free of recognized hazards that would cause physical harm?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are all areas free of obstructions to permit visibility and movement?	<input type="checkbox"/>	<input type="checkbox"/>
I hereby agree to the telework Terms of Agreement and certify that my telework location is in compliance with all listed safety criteria.		
Employee's signature:		Date:
Part 3: Immediate Supervisor's Review		
<input type="checkbox"/>	Approval	
<input type="checkbox"/>	Approval with modification (please describe):	
<input type="checkbox"/>	Disapproval (state reason):	
Supervisor's signature:		Date:

Distribution of Copies

Original – Approving Official

Copy – Employee

Copy – Human Resources