

# USDA Telework Agreement

<b>Agreement Type</b>		<b>Agreement Date</b>
<input type="checkbox"/> New <input type="checkbox"/> Revision <input type="checkbox"/> Opt Out		
<b>Employee Information</b>		
First Name	Middle Initial	Last Name
Mission Area/Agency/Staff Office		Organization/Division
<b>Employee Tour of Duty</b>		
<input type="checkbox"/> Standard <input type="checkbox"/> Compressed (5/4-9) <input type="checkbox"/> Compressed (4-10) <input type="checkbox"/> Flexible <input type="checkbox"/> Other		
<b>Employee Work Schedule</b>		
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Intermittent <input type="checkbox"/> Seasonal <input type="checkbox"/> Other		
<b>Employee Appointment Type</b>		
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Intermittent <input type="checkbox"/> Seasonal <input type="checkbox"/> Other		
<b>Employee's Continuity of Operations Plan Status</b>		
<p>The employee has been designated as a team member of the Department's Continuity of Operations Plan (COOP). The employee agrees to follow the procedures established for reporting for duty when a COOP plan is activated. The employee understands that during any period that USDA is operating in a COOP status, the plan shall supersede any telework policy agreement.</p>		
<input type="checkbox"/> Emergency Essential		<input type="checkbox"/> Mission Critical
<input type="checkbox"/> N/A		
<b>Requested Telework Category</b>		<b>Telework Location</b>
<input type="checkbox"/> Regular/Recurring <input type="checkbox"/> Situational/Non-scheduled		<input type="checkbox"/> Residence <input type="checkbox"/> Satellite Office <input type="checkbox"/> Telework Center
<b>Designated Telework Schedule</b>		
<b>Week 1:</b> <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday		
<b>Week 2:</b> <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday		
Employee has completed required Telework Training:		<input type="checkbox"/> Yes         Date Completed: <input style="width: 150px;" type="text"/>
Supervisor has completed required Telework Training:		<input type="checkbox"/> Yes         Date Completed: <input style="width: 150px;" type="text"/>
Estimated total number of commuting miles saved per pay period:		<input style="width: 100px;" type="text"/> Per year: <input style="width: 100px;" type="text"/>

1. Employee requests participation in the program and will adhere to the applicable guidelines, policies and law. Agency concurs with employee participation and agrees to adhere to the applicable guidelines, policies, and law.
2. To be considered telework ready, employees must have an approved core or situational telework agreement in place, in addition to being available to work, including for professional development activities, having the appropriate equipment, or other means necessary to be able to perform work and stay connected.
3. Employee's most recent performance rating must be at least equivalent to "fully successful."
4. Employee understands that unscheduled telework or unscheduled leave must be used with supervisory notification during periods of unscheduled telework authorization due to weather or other emergencies. An employee performing unscheduled or regularly scheduled telework: **1)** is expected to work all regularly scheduled hours on days when unscheduled telework is announced or to request unscheduled leave from the supervisor; and **2)** is expected to work all regularly scheduled hours when unscheduled telework is announced and weather-related delayed arrival or early departure is authorized or request unscheduled leave from the supervisor.
5. Employee agrees to follow policy for requesting and obtaining supervisory approval of leave.
6. Employee's time and attendance (T/A) for all official duty time spent in a teleworking status will be recorded using the proper telework time code.
7. Employee's official tour of duty must include at least a 30-minute uncompensated lunch.
8. Employee understands requirements for an adequate and safe office space and that these requirements must be met.
9. Employee will apply approved safeguards to protect Government records from unauthorized disclosure or damage and will comply with the provisions set forth in the Privacy Act of 1974 (5 United States Code, Section 552a).
10. Employee is covered under the Federal Employee's Compensation Act (FECA)/Federal Tort Claims Act (FTCA) in the course of performing official duties at the alternate work.
11. Employee understands that telework is not a substitute for dependent care (child care or elder care) while performing official duties in a residential office and that appropriate arrangements must be made to accommodate children and adults who cannot care for themselves.
12. This telework agreement shall correspond with the employee's approved transit subsidy benefits. It is the employee's responsibility to adjust and re-certify their transit subsidy authorizations to ensure alignment with this telework agreement.
13. This telework agreement should be reviewed and discussed between the employee and supervisor on an annual basis.

#### **For Employees Who Opt Out**

- I fully understand that I am eligible to participate in USDA's Telework Program. I acknowledge that I have been notified of my status, and at this time I voluntarily decline to participate in telework in any capacity.
- I understand that I may revisit my decision to participate in the Telework Program at any time, provided that I meet the eligibility and suitability requirements and complete a revised telework agreement form.

#### **To be Completed by Supervisor**

Approved
                         
  Disapproved
                         
  Returned for Correction

*Reason for Disapproval:*

- Position duties require physical presence on a daily basis.
- Position duties require access to and/or use of specialized equipment on a daily basis located only at the traditional work site.
- Position duties require access to the handling of classified material on a daily basis.
- Employee has received a less than fully successful performance rating and/or been placed on a PIP within the past 12 months.
- Permanent Ineligibility** pursuant to telework status and Departmental regulation.

### Signatures

Signing this form constitutes a telework agreement between the USDA, the employee, and the approving supervisor.

Employee's Signature	<input type="text"/>	Date Signed	<input type="text"/>
Supervisor's Signature	<input type="text"/>	Date Signed	<input type="text"/>
Telework Program Coordinator's Signature	<input type="text"/>	Date Signed	<input type="text"/>

### Please Return this Form to:

Mission Area/Agency/ Staff Office:	<input type="text"/>		
Attention Telework Program Coordinator:	<input type="text"/>	Date	<input type="text"/>

### Security and Work Equipment Checklist

#### Information Security

- Has the employee been trained to recognize and handle controlled unclassified information (CUI) in a telework environment?  Yes  No
- Has a locked file cabinet been identified/provided to secure sensitive CUI files, records, papers, or electronic media?  Yes  No
- A review of the job duties and responsibilities has been completed.  Yes  No
- Issues related to level of sensitivity were noted from the review.  Yes  No

#### Work Station Configuration

Employee has been issued the following government furnished equipment (GFE) specifically for the purpose of telework:

*GFE refers to agency/staff office owned equipment that is issued specifically for telework purposes. This does not include equipment such as laptops that a telework employee uses at the official duty station and alternate work locations.*

- |                                     |                                   |                                |                                  |
|-------------------------------------|-----------------------------------|--------------------------------|----------------------------------|
| <input type="checkbox"/> Computer   | <input type="checkbox"/> Software | <input type="checkbox"/> Modem | <input type="checkbox"/> Printer |
| <input type="checkbox"/> Cell Phone | <input type="checkbox"/> Other    | <input type="text"/>           | <input type="checkbox"/> N/A     |

#### Telework Connection Requirements

- |   |  |                              |
|---|--|------------------------------|
| <input type="checkbox"/> Telephone/Modem Line | <input type="checkbox"/> Direct Internet/Wireless Connectivity | <input type="checkbox"/> N/A |
|---|--|------------------------------|