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The following constitutes a Telework agreement between the United States Department of Agriculture (USDA), NRCS and \_\_\_\_\_ detailing the terms and

(Employee: First and Last name)

conditions of the Telework Program, on \_\_\_\_\_.

(date)

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Agency/Mission Area/Staff Office: \_\_\_\_\_ Organization/Division: \_\_\_\_\_

Position Title: \_\_\_\_\_ Pay Plan: \_\_\_\_\_ Series: \_\_\_\_\_ Grade: \_\_\_\_\_

Tour of Duty:  Standard  Flexitour (10-8)  Compressed (5-4-9)  Compressed (4-10)

Work Schedule:  Full-Time  Part-Time

Type of Appointment:  Permanent  Temporary  Intern/Student Employment

Indicate whether the employee occupies the following designation(s) during unique situations and predetermined conditions when emergencies dictate:

Emergency Essential  Mission Critical  N/A

Indicate whether employee is currently a Supervisor:  Yes  No

Employee requests participating on the following basis:

Core/Regular and Recurring\*

*\*For Core/Regular and Recurring only, designate telework days:*

Week One:  Monday  Tuesday  Wednesday  Thursday  Friday

Week Two:  Monday  Tuesday  Wednesday  Thursday  Friday

Situational/Intermittent/Ad Hoc/Unscheduled

Full-Time

Medical Reasons

Reasonable Accommodation, per Agreement

Describe typical activities to be conducted while teleworking:

Primary Telework Location:  Residence  Satellite Office  Telework Center

Provide Primary Telework Physical Address:

Employee has Completed Telework Training:  Yes  No

Estimated Total Number of Commuting Miles Saved Each Year: \_\_\_\_\_

**Note:** 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.

1. **Check one of the following:**  New Agreement  Change in Existing Agreement
2. Employee volunteers to participate in the program and to adhere to the applicable guidelines and policies. Agency concurs with employee participation and agrees to adhere to the applicable guidelines and policies.
3. Employee understands that USDA may require participating employees to work from their telework site, e.g., home, satellite office, or other location, during periods of Unscheduled Telework authorization due to area closures, dismissals, unforeseen emergencies or other reasons as authorized by the Supervisor. If Unscheduled Telework is authorized during times when a Federal facility is closed to the public, teleworkers are required to work from their telework site, or request Unscheduled Leave if unable to do so.
4. Employee requests to participate in the program beginning. \_\_\_\_\_  
(beginning date)
5. Employee's official tour of duty must include at least a 30-minute uncompensated lunch.
6. Employee's official duty station is \_\_\_\_\_ for purposes such as pay, special salary rate.  
(city, state)
7. Employee understands requirements for an adequate and safe office space and that these requirements must be met.
8. Employee's Time and Attendance for all official duty time spent in a Teleworking status will be recorded using the proper Telework time code, where applicable.
9. Employee agrees to participate in surveys and data calls relative to the USDA Telework Program, as requested.
10. Employee agrees to follow policy for requesting and obtaining supervisory approval of leave.
11. Employee will utilize Government equipment for official business only and in accordance with applicable laws, regulations, policies, etc., as well as safeguard equipment. Employee is responsible for servicing and maintaining employee-owned equipment.
12. Employee agrees to with a minimum of 24 hours advance notice, periodic home inspections of the alternate work location by the Government at periodic intervals during the employee's normal working hours may be conducted to ensure proper maintenance of Government-owned property and worksite conformance with safety standards and other specifications in these guidelines.
13. Employee is covered under the Federal Employee's Compensation Act in the course of performing official duties at the alternate work location or official duty station. Any accident or injury which

occurs at the alternate work location must be brought immediately to the attention of the supervisor.

14. Employee's most recent performance rating is at least equivalent to "fully successful" (e.g., "pass").
15. Employee understands that telework is not a substitute for dependent care and that appropriate arrangements must be made to accommodate children and adults who cannot care for themselves, while performing official duties in a residential office.
16. 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, Public Act of 1974, Public Law 93-579, codified at Title 5, U.S.C., Section 55a.
17. Telework agreements should be reviewed and discussed between the employee and supervisor on an annual basis.

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Employee Signature Date

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First Level Supervisor Signature Date

**Check one of the following:** \_\_\_\_\_Approved    \_\_\_\_\_Disapproved

**If disapproving telework, state reasons below:**

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**Second Level Supervisor Signature** **Date**

**Check one of the following:** \_\_\_\_\_Approved    \_\_\_\_\_Disapproved

**If disapproving telework, state reasons below:**

**Please return this form to:  
NRCS, Servicing Human Resources Office  
Attention: Telework Program Coordinator**

# Security Checklist

**Employee Name:** \_\_\_\_\_

**Supervisor's Signature:** \_\_\_\_\_

## Information Sensitivity

Is the employee trained to recognize and handle sensitive but unclassified/sensitive security information (SBU/SSI) and Personal Identifying Information (PII) in a telework environment?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Has a locked file cabinet been identified/provided to secure SBU/SSI, PPI files records, papers or electronic media?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
If SBU/SSI, Note: Employee Owned Equipment cannot be used.	
A review of the job duties and responsibilities has been completed.	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, review completed – No issues related to level of sensitivity were noted from the review.	<input type="checkbox"/> YES <input type="checkbox"/> NO

## Workstation Configuration

<p>Employee has been issued the following equipment for the purpose of Telework:</p> <p>_____ Computer    _____ Modem    _____ Printer</p> <p>_____ Software    _____ Other _____</p> <p>_____ N/A</p> <p>Government – Owned Equipment (GOE) refers to agency owned equipment 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.</p>	<p>Telework Connection Requirements:</p> <p>_____ Telephone/modem line</p> <p>_____ Direct Internet/Wireless Connectivity</p> <p>_____ Not applicable</p>
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**Please return these forms to:**  
**NRCS, Servicing Human Resources Office**  
**Attention: Telework Program Coordinator**