



## Telework Agreement and Performance Order

**Section I (Completed by Integrated Statistics Employee. Save to a filename that ends with your last name and today's date as MMDDYY)**

Employee's Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Job Title: \_\_\_\_\_

Group/Agency Supporting: \_\_\_\_\_

Group/Agency POC: \_\_\_\_\_

Work Location: \_\_\_\_\_

I Request to Telework at:

\_\_\_ Alternative Workplace (Location): \_\_\_\_\_ Phone: \_\_\_\_\_

**-Section II (Telework Agreement)**

The following constitutes an agreement on the terms and conditions of the telework arrangement for working at an authorized alternative workplace between the Employee and Integrated Statistics.

**Description of work to be performed:**

(A copy of the agreement will be sent to the COR and retained by Laura Shulman and employee).

Voluntary Participation

The employee voluntarily agrees to work at the approved alternative workplace indicated in Section 1 of the Telework Application and Agreement. The employee and supervisor agree to follow all applicable policies and procedures established by the company. The employee recognizes that the telework arrangement is an additional method to accomplish work that must go through several layers of approval. The first step is filling out this form.

**Follow Up**

The employee is required to follow-up the day of telework with a summary of work accomplished, and/or with submission of deliverable as applicable. The summary shall be provided to the Federal Point of Contact upon arrival at the primary place of performance. In addition, the summary will be provided to the Integrated Statistics office so that Integrated Statistics can use the summary to support time sheets. When teleworking, please make a note of the date and times in the notes section of the online time sheets.



Approval Period

The employee will participate in the telework program on (check one):

\_\_\_ Regularly scheduled (*continuing*) basis beginning: \_\_\_\_\_.  
 (date)

\_\_\_ Non-regularly scheduled (*intermittent or episodic*) basis beginning \_\_\_\_\_ for at  
 least \_\_\_\_\_.  
 (up to one year) (date)

\_\_\_ This agreement shall expire on \_\_\_\_\_, unless cancelled or terminated earlier by either the approving official and/or employee, or renewed by agreement of the employee and approving official.

Official Duty Station and Alternative Workplace

All pay, leave, and travel entitlement are based on the official duty station as shown in Section 1 of the Telework Application and Agreement.

Work Schedule and Tour of Duty

The employee's official tour of duty is as shown in the table below (insert days and hours).

	<b><u>Week 1 of Pay Period</u></b>	<b><u>Week 2 of Pay Period</u></b>
<b>Official Duty Station</b>		
<b>Alternative Workplace</b>		

In the case of snow days, the above table may need to go by day rather than by week.

Alternative Workplace Costs

The employee understands that the Integrated Statistics will not be responsible for any operating costs that are associated with the use of the employee's home as an alternative workplace, for example, home maintenance, insurance or utilities.

Reimbursements

The employee does not relinquish any entitlement to reimbursement for authorized expenses incurred while conducting business for the Government, as provided for by statute and regulations.

Equipment/Supplies

The employee agrees to protect any Government-furnished equipment and/or supplies and to use the equipment only for official purposes.. The employee is responsible for maintaining, installing, and the servicing of any personal equipment needed

Equipment needed to perform work at alternative workplace:

*This section must be completed*

Government Issued Equipment (if applicable) \_\_\_\_\_

Integrated Statistics supplies or equipment requested: \_\_\_\_\_

Employee Furnished: \_\_\_\_\_



### Salary and Benefits

A telework arrangement is not a basis for changing the employee's salary, benefits, or entitlements.

### Overtime

The employee agrees to work overtime only when ordered and approved in writing by the government point of contact and in advance of working the overtime. The employee understands that overtime work without such approval may not be compensated and may result in termination of the telework arrangement.

### Leave

The employee agrees to follow established office procedures for requesting and obtaining approval of leave. The employee understands that if an emergency condition occurs either affecting the alternative workplace or the Federal government, the employee must contact the Integrated Statistics office and follow appropriate dismissal or leave requesting procedures.

### Time and Attendance Reports

The employee is responsible for ensuring the accuracy of time and attendance reported for the employee's work at the official duty station and the alternative workplace.

### Conducting Personal Business

The employee agrees not to conduct personal business at the alternative workplace while in an official duty status.

### Liability

The employee understands that Integrated Statistics is not liable for damages to an employee's personal or real property while the employee is working at the approved alternative workplace.

### Safety and Worker's Compensation

The employee understands that (s)he is covered by worker's compensation if injured in the course of performing official duties at authorized work locations. The employee agrees to notify the Integrated Statistics office immediately of any accident or injury that occurs and to complete any required forms.

### Standards of Conduct

The employee agrees to abide by the same Ethical Conduct Standards while on telework as when working on site in official duty.

### Disclosure

The employee agrees to protect any records from unauthorized disclosure or damage and will comply with requirements of the Privacy Act of 1974, 5 U.S.C. 552a, and all other regulatory guidance controlling the protection and use of government records.

### Termination

Either party may terminate the Telework agreement with reasonable advance notice, generally two (2) administrative work weeks, but not less than seven (7) calendar days and require the employee to resume working at his/her official duty station. Reasons for termination will be documented by the Integrated Statistics office and/or employee on Telework Termination Form.



Compliance with this Agreement

The employee's failure to comply with the terms of this agreement may result in the termination of this agreement and the telework arrangement. Failure to comply with the provisions of this agreement may also result in appropriate disciplinary or adverse action against the employee.

Certification

By signing this agreement, the employee certifies that (s)he has read the terms of this agreement and agrees to follow the policies and procedures outlined in them as well as all other applicable regulations, policies, and procedures:

**Employee's Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Owner's Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***-Section III (Approval/Disapproval)***

Your request to participate in the telework program is:

\_\_\_ **Approved as written:**

\_\_\_ **Approved with the following modification(s):**

\_\_\_ Alternative Workplace (Location): Phone:

\_\_\_ Other Phone:

**Disapproved for the following reason(s):**

\_\_\_ The employee does not have sufficient duties or work activities suitable for performance at an alternative work site.

\_\_\_ The employee's absence from the work place under a telework arrangement will unacceptably impact the operation of the work unit.

\_\_\_ The extent of supervision required for the employee could not be achieved in conjunction with a telework arrangement.

\_\_\_ The employee's alternative work site does not meet prescribed acceptability standards. (State the specific deficiency issue(s), such as: safety, two-way communications, access to required materials, IT security, or non-work related distractions and/or obligations).

\_\_\_ The employee does not meet performance eligibility requirements. (State the specific deficiency issue(s) such as: writing, problem-solving, reliability for following prescribed policies and procedures, organization/time management skills, or work quality and/or quantity).

\_\_\_ The employee does not meet conduct-related eligibility requirements. (State the specific deficiency issue(s), such as: leave abuse, excessive absence, or a record of misconduct which precludes participation at this time. (NOTE: *If no additional misconduct in one (1) year, employee may reapply.*).

\_\_\_ Other (please specify):

COR's Signature: \_\_\_\_\_ Date: \_\_\_\_\_