

United States Department of Agriculture

Telework Agreement

1. Agreement Date:	2. Agreement Type: <input type="checkbox"/> New <input type="checkbox"/> Revision <input type="checkbox"/> Opt Out
3. For employees opting out of participation in the telework program, please affirm the following: <input type="checkbox"/> 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. <input type="checkbox"/> 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.	
Employee Information	
4. Employee Name (<i>First, MI, Last</i>)	
5. Mission Area/Agency/Staff Office	6. Organization/Division
7. Employee Appointment Type: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Intermittent <input type="checkbox"/> Seasonal <input type="checkbox"/> Other:	
8. Employee Work Schedule <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Intermittent <input type="checkbox"/> Seasonal <input type="checkbox"/> Other:	
9. Employee Tour of Duty <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:	
10. Estimated total number of commuting miles saved: <div style="display: flex; justify-content: space-around;"> miles per pay period miles per year </div>	
11. Requested Telework Category <input type="checkbox"/> Regular/Recurring <input type="checkbox"/> Situational/Non-scheduled	12. Telework Location <input type="checkbox"/> Residence <input type="checkbox"/> Satellite Office <input type="checkbox"/> Telework Center
13. Telework: Week 1 Schedule <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun Telework: Week 2 Schedule <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun	

<p>14. Employee has completed required telework training?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date completed:</p>	<p>15. Supervisor has completed telework training?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date completed:</p>
<p align="center">Telework Agreement Conditions</p>	
<ul style="list-style-type: none"> • 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. • 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. • Employee's most recent performance rating must be at least equivalent to "fully successful." • 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. • Employee agrees to follow policy for requesting and obtaining supervisory approval of leave. • 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. • Employee's official tour of duty must include at least a 30-minute uncompensated lunch. • Employee understands requirements for an adequate and safe office space and that these requirements must be met. • Employee will apply approved safeguards to protect Government records from unauthorized disclosure or damage and will comply with the provisions set forth in the <i>Privacy Act of 1974</i> (5 U.S.C. 552a). • Employee is covered under the <i>Federal Employee's Compensation Act</i> (FECA)/<i>Federal Tort Claims Act</i> (FTCA) in the course of performing official duties at the alternate work. • Employee understands that telework is not a substitute for dependent care (childcare 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. 	

- 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.
- This telework agreement should be reviewed and discussed between the employee and supervisor on an annual basis.

Approving Signatures

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

Employee Signature

Date Signed

Supervisor Signature

Date Signed

Telework Program Coordinator Signature

Date Signed

To be Completed by Supervisor

18. Request Status

☐ Approved

☐ Disapproved

☐ Returned for Correction

Reason(s) 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 or has received formal disciplinary action for conduct issues and that formal notice remains in their eOPF or personnel folder.

☐ **Permanent ineligibility** pursuant to telework status and Departmental regulation.

Please return the signed form to the Mission Area/Agency/Staff Office Telework Coordinator.

Telework Program Coordinator Signature

Date

Telework Security and Work Equipment Checklist	
Information Security	
Has the employee been trained to recognize and handle controlled unclassified information (CUI) in a telework environment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has a locked file cabinet been identified/provided to secure sensitive CUI files, records, papers, or electronic media?	<input type="checkbox"/> Yes <input type="checkbox"/> No
A review of the job duties and responsibilities has been completed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Issues related to level of sensitivity were noted from the review.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Workstation Configuration	
The employee has been issued the following government furnished equipment (GFE). GFE refers to Mission Area/agency/staff office owned equipment.	
<input type="checkbox"/> Computer <input type="checkbox"/> Printer <input type="checkbox"/> Cell Phone <input type="checkbox"/> Software <input type="checkbox"/> Other:	
Telework Connection Requirements	
The following connectivity requirements are employee-provided and paid for by the employee unless other formal written agreement is approved by the supervisor and the employee.	
<input type="checkbox"/> Telephone/modem line <input type="checkbox"/> Direct internet/wireless connectivity <input type="checkbox"/> N/A	

Instructions

1. **Agreement Date:** Select the date from the dropdown box or type in the date MM/DD/YYYY format.
2. **Agreement Type:** Select the applicable agreement type. This entry identifies if this telework agreement form is new, a revision to an existing agreement, or if the employee is opting out of participation in the program.
3. **Opt-out affirmation:** If the employee is choosing not to participate in telework at this time, both affirmation selections will need to be selected.
4. **Employee Name:** Enter your name in first name, middle initial, last name format.
5. **Mission Area/Agency/Staff Office:** Enter your current Mission Area, agency, or staff office name; do not enter the office acronym.
6. **Organization/Division:** Enter your current organization or division name. (acronym allowable).
7. **Employee Appointment Type:** Select your appointment type. This entry should identify if your employment appointment type is full-time, part-time, intermittent, or seasonal. If your appointment type is not one of these selections, select “Other” and enter your specific appointment type.
8. **Employee Work Schedule:** Select your work schedule type. This entry should identify if your work schedule is full-time, part-time, intermittent, or seasonal. If your work schedule type is not one of these selections, select “Other” and enter your specific work schedule type.
9. **Employee Tour of Duty:** Select your tour of duty type. This entry should identify if your tour of duty is standard, compressed, or flexible. If your tour of duty is not one of these selections, select “Other” and enter your specific tour of duty type.
10. **Estimated total number of commuting miles saved:** Enter the miles saved per pay period and the miles saved per year in the applicable fields.
11. **Requested Telework Category:** Select if you will be teleworking on a regular/recurring basis or on a situational/unscheduled basis.
12. **Telework Location:** Identify if you will be teleworking from your residence, a satellite office, or a telework center.
13. **Week 1 & 2 Schedules:** Select the days for both weeks of the pay period that you will be teleworking.
14. **Employee telework training:** Identify if you (employee) have taken telework training and the completion date of your training.
15. **Supervisor telework training:** Supervisor must identify if they have taken the supervisory version of the telework training and the completion date of their training.

- 16. Approving Signatures:** The employee, supervisor, and telework program coordinator must sign this form to verify the affirm the telework agreement has been approved and is in place.
- 17. To be Completed by Supervisor:** The approving supervisor must complete the agreement status information section. If a telework agreement is disapproved, the reason(s) for disapproval must be identified and the employee informed of the disapproval in accordance with DR 4080-811-002, *Telework Program*.
- 18.** The attached *Telework Security and Work Equipment Checklist* should be reviewed by the supervisor and the employee to ensure security, workstation configuration, and telecommunications requirements are addressed.