U.S. Department of the Interior
Telework Agreement

The following constitutes the terms and conditions required by the Department of the Interior to establish the necessary assignments, requirements, procedures, and signatures for teleworking. This information is sought pursuant to 5 USC 301 and 5 USC Part III, Subpart E, Chapter 65. Providing the information is voluntary. The principal purpose for collecting the information is to determine employee eligibility for participation in the telework program. The Department will use the information to manage telework participation and performance, and to ensure all applicable statutory, regulatory and policy requirements are met. Failure to provide the information may impede your request to participate in the telework program.

Employee

Last Name _____ First Name _____ Middle Initial _____

Title _____ Series/Grade _____

Bureau Office _____

Telework Type _____ Designation under Temporary or Emergency Situation _____

Each of the elements below must be read and understood by both the supervisor and the employee. Employees and supervisors are encouraged to sit down together to go through the following elements so each individual understands the other's expectations. Definitions of the elements below can be found in the attachment to this sample agreement.

Element Number	Supervisor Check	Employee Check
Element 1: Participation	☐	☐
Element 2: Salary and Benefits	☐	☐
Element 3: Duty Station and Alternative Workspace	☐	☐
Alternate Work Plan #1 Details	☐	☐

Address:

Street 1 _____ Phone (H) _____

Street 2 _____ Phone (C) _____

City _____ Fax Number _____

State _____ Zip Code _____ Alternate Email _____

Alternate Work Plan #2 Details	☐	☐

Address:

Street 1 _____ Phone (H) _____

Street 2 _____ Phone (C) _____

City _____ Fax Number _____

State _____ Zip Code _____ Alternate Email _____

Element 4: Official Duties	☐	☐
Element 5: Tour of Duty Trial	☐	☐

If supervisor agrees to a trial tour of duty, please indicate the months the trial will last and the date the teleworker will work from an alternative site. Indicate the date in which the trial will terminate:

Months _____ Days _____ Date Trial Ends _____

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Last Name _____ First Name _____ Middle Initial ____

Element 6: Days of Work

If employee works core telework, please indicate the days the participant shall telework.

Pay Period Week 1	Monday ☐	Tuesday ☐	Wednesday ☐	Thursday ☐	Friday ☐
Pay Period Week 2	Monday ☐	Tuesday ☐	Wednesday ☐	Thursday ☐	Friday ☐

	Supervisor Check	Employee Check
Element 7: Time and Attendance	☐	☐
Element 8: Changes to Telework	☐	☐
Element 9: Leave	☐	☐
Element 10: Overtime	☐	☐
Element 11: Equipment	☐	☐
Element 12: Security Level	☐	☐
Element 13: Records Management Considerations	☐	☐
Element 14: Work Area and Liability	☐	☐
Element 15: Workplace Inspection	☐	☐
Element 16: Alternative Workplace Costs	☐	☐
Element 17: Safety and Workers' Compensation	☐	☐
Element 18: Work Assignments/Performance Standards	☐	☐
Element 19: Standards of Conduct	☐	☐
Element 20: Disciplinary Actions	☐	☐
Element 21: Termination of Telework Agreement	☐	☐
Element 22: COOP Requirements	☐	☐
Element 23: Pandemic/Emergency Closure Requirement	☐	☐
Element 24: Use of Personal Equipment and Discovery	☐	☐

The effective data of this Telework Agreement is: 2011-10-25 13:03. By signing this agreement, the employee and supervisor certify and required training has been completed.

Employee's Signature / Date _____ Supervisor's Signature / Date _____

Employee and supervisor are each required to keep a copy on file.

If telework agreement was denied, please indicate the reason/s.

_____

Eligible for reconsideration. ____

Yes when the above conditions are addressed. ☐