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| **1. PERSONAL INFO** | | | | | | | | |
| **Last Name**  Doe | | | | **First Name**  John | | | | **Middle Name**  Charles |
| **Agency**  Department of Placeholders | | | | | | | | **Employee ID**  12345678 |
|  | |  |  | | | | | |
| **2. Address** | | | | | | | | |
| **Street Address**  123 Fake Street NE | | | | **Apt #**  A | **City**  Washington | **State**  DC | **Zip**  20000 | |
| I verify and confirm the current address as the location where telework will be performed.  Yes  No  If an employee voluntarily teleworks from a different location, they assume all risk and waive any right to worker’s compensation due to injuries occurring while on duty. | | | | | | | | |
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| **3. Situational Telework** | | | | | | | | |
| Select this option if you wish to be eligible to situationally telework due to the occurrence of an exigent event (see DPM § 1211.8). You may only situationally telework when granted written approval in advance by your supervisor for each occurrence. Your supervisor has sole discretion to grant or deny a situational telework request and may deny your request even if there is a valid reason for it. Situational telework may not be used on a regular basis. Routine use of situational telework (i.e., such that it acts in a manner like routine telework) is considered an abuse of the telework policy, which may result in disciplinary action and loss of telework privileges. Situational telework may be combined with Compressed Work Schedules.  Yes  No | | | | | | | | |
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| **4. flexible work schedule** | | | | | | | | |
| Select this option if you wish to alter the start and end time of your tour of duty, and if flexible work scheduling is provided by your agency. Note that the hours worked must be during the agency's core hours and the schedule must be approved. This option may be combined with Routine Telework and Compressed Work Schedules.  Yes  No | | | | | | | | |
|  | | | | | | | | |
| **4. telework/compressed work schedule (4 options)** | | | | | | | | |
| Select this option if you wish to use a compressed schedule or a telework schedule, and if either option is provided by your agency. Select “None” if you only wish to use a flexible schedule with alternate tour of duty hours. Compressed schedules and routine telework must be approved by your agency. Note: An employee will not be approved for both a compressed scheduled and routine telework. | | | | | | | | |
|  | **Compressed Schedule Option 1**  Nine-day work schedule. Employees may work five days one week and four days the next, within a single pay period, for nine days total per pay period. With this schedule, employees will work eight 9- hour shifts and one 8-hour shift during the pay period: a total of 80 hours per pay period. If selecting this option, please complete your desired work schedule in the following two-week schedule. The total hours must equal 80. Employees may not routinely telework under this option. Employees may be eligible for situational telework under this option. | | | | | | | |
|  | **Compressed Schedule Option 2**  Eight-day work schedule. Employees may work four days each week, within a pay period, for eight days total. With this schedule, employees will work eight 10-hour shifts: a total of 80 hours per pay period. If selecting this option, please complete your desired work schedule in the following two-week schedule. The total hours must equal 80. Employees may not routinely telework under this option. Employees may be eligible for situational telework under this option. | | | | | | | |
|  | **None** | | | | | | | |
|  | **Telework (Routine)**  Routine telework is an arrangement in which an employee may perform officially assigned duties at the employee's home address. Employees may not routinely telework more than one day per week. Routine telework may be combined with a flexible work schedule but may not be combined with a compressed work schedule. If selecting this option, please select the days you wish to telework in the following two-week schedule. Please note that even if an employee is approved for routine telework, they may not be approved for their preferred telework day. | | | | | | | |
| **Start Date:** Click or tap to enter a date.**End Date:** Click or tap to enter a date. | | | | | | | | |

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| **5. Resulting Schedule** | | | | | | | | |
| **First Week** | **Monday** | | **Tuesday** | **Wednesday** | | **Thursday** | | **Friday** |
| **Start Time** | 0830 | | 0830 | 0830 | | 0830 | | 0830 |
| **Lunch (30 or 60 min.)** | 30  60 | | | | | | | |
| **End Time** | 1700 | | 1700 | 1700 | | 1700 | | 1700 |
| **Daily Hours** | 8 | | 8 | 8 | | 8 | | 8 |
| **Second Week** | **Monday** | | **Tuesday** | **Wednesday** | | **Thursday** | | **Friday** |
| **Start Time** | 0830 | | 0830 | 0830 | | 0830 | | 0830 |
| **Lunch (30 or 60 min.)** | 30  60 | | | | | | | |
| **End Time** | 1700 | | 1700 | 1700 | | 1700 | | 1700 |
| **Daily Hours** | 8 | | 8 | 8 | | 8 | | 8 |
| **Total Hours Worked for Pay Period:** 80 | | | | | | | | |
|  | | | | | | | | |
| **6. attendance** | | | | | | | | |
| While I am teleworking, I will be as available as if I were reporting to my physical duty location. I understand that telework is part of my regular tour of duty. My supervisor may implement methods to verify I am working during my scheduled time via telework. I understand that I am required to verify my attendance while working remotely in the manner specified by my agency, which may include daily check-ins by phone, chat, video, email, and other methods. Excluding during specified lunch periods and authorized break periods, and except as otherwise provided by my agency in writing, I am expected to respond to voice mails, emails, and messages within **[## minutes]** of receipt. I understand that while I am teleworking, I am prohibited from conducting other paid and unpaid work during my tour of duty, including but not limited to outside employment, self-employment, or childcare. I understand that my supervisor has the right to require me to work in-office at any time to ensure operational coverage, for meetings, or for other work-related functions, including on my regularly scheduled telework day. Unless directed otherwise, I am expected to be able to report to my physical duty station at **[AGENCY LOCATION]** within **[# hour(s)/minutes]** upon the request of a supervisory official within my chain of command. understand that, should I be required to physically report on my regularly scheduled telework day, I am not entitled to a “make-up” telework day. | | | | | | | | |
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| **7. Resources Required** | | | | | | | | |
| **Resource** | | **Provided by Agency** | | | **Provided by Employee** | | **Not Applicable** | |
| **High Speed Internet Connection** | |  | | |  | |  | |
| **Mobile Phone** | |  | | |  | |  | |
| **Software** | |  | | |  | |  | |
| **Laptop Computer** | |  | | |  | |  | |
| **Desktop Computer and Peripheral** | |  | | |  | |  | |
| **Webcam** | |  | | |  | |  | |
| **Microphone** | |  | | |  | |  | |
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| **8. Employee signature** | | | | | | | | |
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| **Sign** | | | | | **Date** | | | |

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| **9. AGENCY DESIGNEE APPROVAL SIGNATURE** | |
|  | |
| **Sign** | **Date Email** |