GOVERNMENT OF THE DISTRICT OF COLUMBIA

**Department of Human Resources**

**UNIFIED FLEXIBLE, COMPRESSED AND TELEWORK APPLICATION**

1. **Your Information**

|  |  |  |
| --- | --- | --- |
| Name: | Click or tap here to enter text. | Click or tap here to enter text. |
|  | Last | First and Middle Initial |

|  |  |  |  |
| --- | --- | --- | --- |
| Agency/Administration: | Click or tap here to enter text. | Employee ID | Click or tap here to enter text. |

1. **Programs Requested**

|  |  |
| --- | --- |
| [ ]  | **Flexible Schedule.** Indicate your preferred tour of duty.Start time: **Click here to enter text.**End Time: **Click here to enter text.** |
| [ ]  | **Compressed Schedule.** Indicate the number of day(s) off you prefer.* One [ ]  Two
 |
| [ ]  | **Telework (Routine).** Indicate the day(s) you would like to telework.Week 1: ☐ Monday [ ]  Tuesday [ ]  Wednesday [ ]  Thursday [ ]  Friday Week 2: [ ]  Monday [ ]  Tuesday ☐ Wednesday [ ]  Thursday [ ]  Friday**Note: Approval to telework for more than two (2) days per week also requires the approval of the personnel authority.** |
| [ ]  | **Telework (Situational).** |

1. **Resulting Schedule**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FIRST WEEK** | **MONDAY** | **TUESDAY** | **WEDNESDAY** | **THURSDAY** | **FRIDAY** |
| START TIME: | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| LUNCH (30 OR 60 minutes) | [ ]  30 [ ]  60 |
| END TIME: | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| HOURS WORKED: | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| TOTAL HOURS: | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **SECOND WEEK** | **MONDAY** | **TUESDAY** | **WEDNESDAY** | **THURSDAY** | **FRIDAY** |
| START TIME: | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| LUNCH (30 OR 60 minutes) | [ ]  30 [ ]  60 |
| END TIME: | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| HOURS WORKED: | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| TOTAL HOURS: | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

***Employee’s Signature Date***

***Supervisor’s/Manager’s Signature Date***

***Agency Head’s (or Designee’s) Signature Date***

***Personnel Authority’s Signature, if applicable Date***

|  |
| --- |
| [ ]  ***Approved*** [ ]  ***Disapproved (See “Approval Signatures” on reverse side)*** |
| *DCSF No. 12-02 (Rev. 6/2021)* |

(See instructions on reverse side)

**INSTRUCTIONS FOR COMPLETING THE UNIFIED FLEXIBLE, COMPRESSED AND TELEWORK APPLICATION**

Below are instructions for completing the DCSF No. 12-02, Unified Flexible, Compressed and Telework Application. Appropriate staff in District government subordinate agencies are required to complete the application in accordance with guidance shown on the application and the following instructions. For the convenience of users, instructions are shown for each of the sections on the form.

**Section 1. Your Information.**

This section is to be completed by the employee. It should include the employee’s full name (**last, first, middle**), the agency name and administration, if applicable, and the employee’s identification number (**Empl ID**).

**Section 2. Program Requested.**

1. Employees seeking approval to participate in a specific flexible scheduling option (i.e. compressed work schedule, telework, etc.) must identify each scheduling option being requested.
2. ***Flexible Work Schedule (FWS)*** – If seeking approval to take part in a FWS, place a “√” mark in the corresponding box. Indicate the preferred tour of duty and the start and end time for the scheduled tour. An employee’s FWS must encompass the agency’s core hours.
3. ***Compressed Work Schedule (CWS)*** - If seeking approval of a CWS, the employee must indicate whether he or she is requesting to work a 9 hour or 10 hour day during this schedule.
	* 9 hr. day – One (1) day off per pay period
	* 10 hr. day–Two (2) days off per pay period (1 day per week)
4. ***Telework (Routine)*** – Employees requesting authorization to telework under a routine designation, as referenced in this instruction, must place a “√” mark to identify the day(s) they wish to telework per week. An employee who is ultimately approved to telework under a routine designation may utilize ***situational telework*** if a circumstance occurs that meets the parameters for situational usage. To be considered for situational telework, the employee must place a “√” mark in the box parallel to situational telework. In the event an employee is approved to telework for more than two (2) days per week, excluding situational telework, the approval of the personnel authority, in addition to the supervisor and agency head, is required.

**Section 3. Resulting Schedule.**

1. It is necessary for each employee who is completing the DCSF No. 12-02 to enter additional information as it relates to his or her tour of duty.
2. Employees must enter the start and end time of their tour, hours worked, total hours, and their scheduled lunch period (i.e. 30 minutes, 60 minutes).

**Approval Signatures.**

1. ***Approval*** – The immediate supervisor/manager, the agency head, and the personnel authority (if applicable), must sign off on the DCSF 12-02 and Telework Agreement, as appropriate, to approve an employee’s request for a flexible scheduling option(s). Each signatory must be aware that by signing, he and she is affirmatively stating that the duties of the position of the employee are suitable for the scheduling option(s) selected, that the employee has met the performance requirements to participate, and that the request is being approved.
2. ***Disapproval*** – If the request is disapproved, enter the reason(s) for the disapproval below in the fillable area and retain as part of application/ file:

**Click here to enter text.**

# TELEWORK AGREEMENT

**I,** Click or tap here to enter text.,

hereby request permission to participate in the Telework Program (Program) in order to perform assigned job duties at Click or tap here to enter text.on certain days during my tour of duty. I am currently an employee of the Click or tap here to enter text.**.**

# TERMS

* 1. To the extent that there is a conflict between or among provisions regarding Telework in the terms of any collective bargaining agreement (CBA), and/or the

D.C. personnel regulations, DPM procedural material, or any Guide on this matter, the provisions of the CBA shall control for employees covered by the CBA. To the extent that there is a conflict between or among provisions regarding Telework in the terms of the Telework Agreement and any Guide on this matter, the provisions of the Telework Agreement shall control. To the extent that there is a conflict between or among provisions regarding Telework in the terms of the Telework Agreement and D.C. personnel regulations, the provisions of the D.C. personnel regulations shall control.

* 1. An Employee approved to telework must log in through a secure VPN or SharePoint, if applicable, to indicate the start of the Employee’s tour of duty.
	2. If the Agency Head (or Designee) approves Employee’s application to participate in the Telework Program, Employee agrees to act in accordance with this Telework Work Agreement (Agreement) and all applicable rules and regulations of the Agency and District of Columbia government.
	3. Employee acknowledges and agrees that Employee’s failure to comply with the terms of this Agreement and all applicable rules and regulations (pertaining to employee conduct) of the Agency and District of Columbia government may

result in termination from the Telework Program and disciplinary action.

* 1. Prior to commencing Telework under the Telework Program, Employee will meet with Employee’s supervisor to receive assignments or projects and to review completed work as necessary and appropriate. Employee will complete all assigned work according to work procedures as directed by Employee’s supervisor, and according to guidelines and expectations stated in Employee’s performance plan.
	2. Employee’s supervisor will evaluate Employee’s job performance in accordance with Employee’s performance plan.
	3. Employee agrees to limit performance of Employee’s officially assigned duties to assignments or projects approved by the Employee’s immediate supervisor at the Employee’s home.
	4. Employee must be able to respond to any work-related voice mails or electronic mail within **MINUTES/HOURS** from receipt of the same.
	5. Unless directed otherwise, Employee must also be able to report to **INSERT AGENCY ADDRESS**, within **INSERT NUMBER** (hours) upon request of a supervisory official within the Employee’s chain of command.
	6. Employee will apply approved safeguards to protect Agency or District government records from unauthorized disclosure and damage. While working at his or her home, Employee will comply with the applicable privacy requirements set forth in District law, personnel regulations, and Agency policies and procedures.
	7. Capitalized terms used in this Agreement and not otherwise defined shall have the meanings in the Telework General Information Guide (Guide). If there is any conflict between the terms of this

Agreement and the terms of the Guide, the terms of this Agreement will control.

# COMPENSATION AND BENEFITS

* 1. Employee will continue to work in a pay status while working at Employee’s home. All salary rates, leave accrual rates, and travel entitlements will remain as if Employee performed all work at Employee’s official duty station.
	2. Employee understands that overtime work must be approved, in advance, by Employee’s supervisor. If Employee works overtime that has been approved in advance, Employee will be compensated in accordance with applicable D.C. personnel regulations, laws, orders, Agency policy and, where applicable, the terms of the collective bargaining agreement.
	3. By signing this Agreement, Employee agrees that failing to obtain approval for overtime work may result in his or her removal from the Telework Program or other appropriate action.
	4. Employee must obtain supervisory approval before taking leave in accordance with established office procedures. By signing this Agreement, Employee further agrees to follow Agency procedures for requesting and obtaining approval of leave.

# EQUIPMENT/EXPENSES

* 1. The Employee must have a working computer workstation, internet access, and access to all Agency network resources through a secure VPN connection.
	2. If Employee uses Agency equipment, Employee agrees to protect such equipment in accordance with predetermined Agency guidelines. District government-owned equipment will be serviced and maintained by the Agency.
	3. If Employee provides equipment, Employee is responsible for servicing and maintaining it.

*\*\* For the purpose of assessing IT needs, a supervisor or manager is required to identify all IT equipment that has been assigned to the employee by the Agency in the table below:*

|  |
| --- |
| **The supervisor or manger should identify all equipment/materials provided to the teleworking employee below.** |
|  |
| **Equipment** | **Teleworker to provide:** | **Agency to provide:** |
| **High Speed Internet connection** | [ ]  | [ ]  |
| **Virtual Private Network (VPN)** | [ ]  | [ ]  |
| **WebEx log-in** | [ ]  | [ ]  |
| **Mobile Telephone** | [ ]  | [ ]  |
| **Software** | [ ]  | [ ]  |
| **Laptop Computer** | [ ]  | [ ]  |
| **Desktop Computer** | [ ]  | [ ]  |
| **Webcam** | [ ]  | [ ]  |

* 1. Neither Agency nor the District government will be liable for damages to Employee’s personal or real property during the course of performance of official duties or while using District government equipment at the Employee’s home.
	2. Neither Agency nor the District government will be responsible for operating costs, home maintenance, or any other incidental cost (e.g., utilities) associated with the use of Employee’s residence.

# SAFETY

* 1. Among other reasons, management may deny participation in the Telework Program or rescind this Agreement based on verified safety problems or threats in the Employee’s home. For the sole purpose of the Telework Program and provided Employee is given at least 48- hours advance notice, management may inspect Employee’s home worksite at periodic intervals during Employee’s normal working hours.
	2. Employee is covered by, and subject to, the appropriate provisions of the District of Columbia Public Sector Worker’s Compensation Program, as appropriate, if injured while performing official duties at the central worksite or Employee’s home. Employee will immediately notify Employee’s supervisor of any work-related injury that occurs while Employee is working at his or her own home. Employee’s supervisor will investigate all accident and injury reports immediately following notification.

# INDEMNIFICATION

Employee shall indemnify and hold harmless the District government, its employees, agents and officers from any and all liability for personal injury or any claim for compensation whatsoever, except for any Employee’s injury(ies) covered by the District of Columbia Disability Compensation Program, which action or claim may be filed against the District government, its employees, agents or officers, arising from any incident that occurs while Employee is working at his or her own residence. This indemnification provision shall be null and void in the event Employee is not approved for participation in the Telework Program. If Employee’s application is approved, but subsequently terminated, the indemnity provision shall no longer be in effect after the last day on

which Employee was allowed to participate in the Telework Program.

# INITIATION AND TERMINATION OF AGREEMENT

* 1. Employee agrees to adhere to this Agreement and all other applicable Agency and DC government personnel laws, guidelines, orders, and policies.
	2. The signature of the Agency Head (or Designee) below indicates Agency’s concurrence with Employee’s participation in the Telework Program.
	3. Employee may terminate participation in the Telework Program at any time, subject to the terms of the Agreement. Employee shall provide at least two weeks’ advance, written notice to the Agency of the Employee’s intent to terminate the Agreement. When feasible, Agency will use reasonable efforts to provide two weeks’ advance notice to Employee, but is not required to provide such notice.
	4. Agency may terminate Employee’s participation in the Telework Program at any time for reasons that include, but are not limited to, Employee’s performance and the Agency’s organizational or operational needs.
	5. At specified times, Employee’s supervisor and Employee will complete surveys to evaluate the Telework Program.
	6. By signing below, Employee acknowledges receiving a copy of the D.C. personnel regulations on Telework.

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| --- |
| **SIGNATURES AND APPROVALS** |
| EMPLOYEEBy signing below, I affirm that my duties and responsibilities are conducive to a telework arrangement, and as specified in this application and agreement. I agree to be bound by the agreement’s terms. By signing this form, parties agree to abide by all of the terms and conditions contained in the DCSF No. 12-02 (Revised 9/2016).**AGREED TO BY:****EMPLOYEE**Print Name: \_ Signature: Date: \_**APPROVAL AND SIGNATURES:**[ ]  Telework Request Approved [ ]  Telework Request Disapproved**SUPERVISOR/MANAGER**Print Name: \_ Signature: Date: \_**AGENCY HEAD (OR DESIGNEE)**Print Name: \_ Signature: Date:  |