

**U.S. DEPARTMENT OF THE INTERIOR
FISH AND WILDLIFE SERVICE**

**TELEWORK AGREEMENT BETWEEN SUPERVISOR
AND EMPLOYEE APPROVED FOR TELEWORK**

EMPLOYEE NAME: _____

The following are the policies and procedures that you and your supervisor must review, discuss, and provide the "date completed" where indicated. These are in accordance with DOI's telework policy (PB# 05-02)

Voluntary Participation	The employee voluntarily agrees to work at the approved alternative workplace indicated below and to follow all applicable policies and procedures. The employee recognizes that the telework arrangement is not an employee entitlement but an additional method the Service may approve to accomplish work.
Salary and Benefits	The employee understands that his/her salary and benefits remain the same as at his/ her official duty station.
Duty Station and Alternative Worksite	The employee understands that his/her official duty station remains _____ and that all pay, leave, and travel entitlements are based on the official duty station.

The supervisor and employee agree that the approved alternative workplace is:

	Home Work Area	GSA Telework Center	Other approved alternative worksite
Street Address (city, state):			
Phone Number:			
Fax Number:			
Cell Phone Number:			
Email Address:			

Mileage Savings	The employee estimates that the telework arrangement will result in a reduction of approximately _____ miles traveled in commuting per week.
Official Duties	<p>Unless otherwise instructed, the employee has agreed to perform official duties only at the official duty station or officially approved alternative workplace. The employee has agreed not to conduct personal business while in official duty status at the alternative workplace.</p> <p>The employee understands that telework is not a substitute for dependent care.</p>

<p>Work Schedule and Tour of Duty (Indicate the type of telework and specify the work schedule approved for the telework arrangement, e.g., one Monday per week, Compressed work schedule, 8:00 – 4:00)</p> <p>Date Completed:</p>	<p>The employee is approved for _____ telework at the approved alternative worksite specified below in accordance with the following schedule. The supervisor and employee agree to this work schedule.</p> <p>Core: works on a routine or regular basis away from the official duty station one or more days per week (e.g., at home or telework center, or at alternate location)</p> <p>Situational: works on an occasional, one-time, or irregular (non-routine) basis away from the official duty station. This is ad-hoc in nature and can be used when a project or assignment requires intense concentration or weather conditions are unfavorable.</p>
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	(If intermittent, the telework agreement should include procedures for approval of specific days/hours at alternative worksite. The supervisor and employee may agree to a telework arrangement on a trail basis for a certain period of time and time period should be specified in this agreement.)
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DAY	PER WEEK	PER PAY PERIOD	FIXED WORK SCHEDULE	ALTERNATIVE WORK SCHEDULE (Flexible or Compressed)	DUTY HOURS (Specify hours of work and lunch break)
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

Time and Attendance Date Completed:	The supervisor has agreed to certify biweekly the time and attendance for hours worked at the alternative workplace in the same manner as if the employee reported for duty at the traditional worksite. The employee will be required to self certify time and attendance, in a format determined by the supervisor.
Leave	The employee has agreed to follow established office procedures for requesting and obtaining approval of leave.
Overtime	The employee may work overtime only when overtime is scheduled and approved in advance by his/her supervisor. The employee understood that there is no compensation for unauthorized overtime work. Administrative or disciplinary action may result if the employee performs unauthorized overtime work.
Equipment and Supplies Date Completed:	<p>The employee has agreed to protect any government-owned equipment and to use the equipment only for official purposes. The Service has agreed to service and maintain any government-owned equipment issued to the telework employee. The employee has agreed to report malfunctions in government-owned equipment to the supervisor, and to bring such equipment to the traditional office for maintenance and/or repairs if necessary.</p> <p>If personal equipment is to be used for telework, the employee has agreed to install, service, and maintain the personal equipment. The Service has agreed to provide the employee with business-related long distance telephone calls.</p>
Security Date Completed:	<p>The employee has agreed not to remove classified/proprietary/sensitive material (hard copy or electronic) from the official duty station and to safeguard all information removed from official duty station, created at the alternative worksite in accordance with the Federal Records Act, FOIA, Privacy Act, etc. The employee has agreed to protect federal records from unauthorized disclosure or damage and will comply with requirements of the Privacy Act of 1974, 5 U.S.C.552a.</p> <p>If the Service provides computer equipment for the alternative workplace, the employee has agreed to comply with Service security procedures and ensure adequate security measures are in place to protect the equipment from being damaged, stolen, or accessed by unauthorized individuals. The employee</p>

	<p>understood and has agreed to accept responsibility and will be liable for damaged or stolen equipment.</p> <p>The employee understood that the Service will not be liable for damages to an employee's personal or real property while the employee is working at the approved alternative worksite, except to the extent the government is held liable by the Federal Tort Claims Act or the Military personnel and Civilian Employees Claims Act.</p> <p>The employee has agreed to follow the policies concerning personal use of office equipment and library collections while working at the alternative worksite.</p>
<p>Work Area Date Completed:</p>	<p>If the alternative worksite is the employee's home, he/she has agreed to designate one area in the home as the official work or office is a space set aside for the employee to work, and that family responsibilities must not interfere with work time. This area in the employee's home is subject to the Service's potential exposure to liability. The employee completed a self-certification safety checklist to certify that the alternative worksite is in accordance with Federal Occupational Safety and Health Administration (OSHA) standards.</p>
<p>Workplace Inspection</p>	<p>The employee has agreed to permit access to the alternative home-based worksite by Service representatives as necessary during the employee's normal working hours.</p>
<p>Alternative Workplace Costs</p>	<p>Unless otherwise agree to, the employee understood that the government will not be responsible for any operating costs that are associated with employee using his/her home as an alternative worksite such as home maintenance, insurance, utilities. The employee understood he/she does not relinquish any entitlement to reimbursement for authorized expenses incurred while conducting business for the government, as provided for by statute and regulations.</p>
<p>Safety and Worker's Compensation</p>	<p>The employee understood that he/she is covered by the Federal Employees' Compensation Act (FECA) for injuries and work-related illnesses sustained while performing official government duties at the regular office or the alternative worksite. The employee has agreed to notify the supervisor immediately of unsafe and/or unhealthful conditions and practices at the alternative worksite and personal conditions (physical or mental) that adversely affect his or her ability to perform work in safe and healthful manner. The employee has agreed to report to his/her supervisor immediately any job-related incident immediately and to complete and submit a safety report to the Service safety manager.</p>
<p>Work Assignments and Performance Date Completed:</p>	<p>The employee has agreed to complete all assigned work according to procedures mutually agreed upon by the employee and the supervisor and according to guidelines and standards in the employee performance plan. The employee has agreed to provide regular reports if required by the supervisor for evaluating performance. The employee understood that decline in performance may be grounds for canceling the alternative workplace arrangement. The Service has agreed to ensure employee is properly notified of job-related training, conferences, workplace, office meetings, etc.</p>

Records Management Consideration Date Completed:	The employee has agreed that he/she will ensure that files, records and reference material used or created at the alternative worksite are properly safeguarded, returned to and incorporated in the official Office files as appropriate, to include adherence to the provisions of records management policy, the privacy Act, Freedom of Information Act, and Federal Records Act.
Standards of Conduct	The employee has agreed that he/she continues to be bound by all conflict of interest statutes and regulations while working at the alternative worksite that would apply if working at the official worksite.
Disciplinary Actions	Nothing in this agreement precludes the Service from taking any appropriate disciplinary or adverse action against the employee for any conduct issues associated with teleworking, including failure to comply with the telework agreement.
Termination of Telework Agreement	The Service agrees to follow any applicable administrative or negotiated procedures. The employee understands that the Service may suspend the telework agreement, and the supervisor may notify the employee to resume working at the official duty station. Suspension of a Telework Agreement could be for such circumstances as employee's performance not meeting the prescribed performance standard, or the telework arrangement does not meet the needs of the organization; for example, when there are office vacancies or peak workload periods.
Effective Date	The effective date of this Telework Agreement is:
End Date	The end date of this Telework Agreement is:
Renewal Date	This Telework Agreement will be renewed:

Signatures:

Employee's Signature and Date

Supervisor's Signature and Date

Second-level Supervisor's Signature and Date

Servicing Human Resources Program Coordinator Signature and Date

**DEPARTMENT OF THE INTERIOR
U.S. FISH AND WILDLIFE SERVICE
ALTERNATIVE WORKPLACE TELEWORK SAFETY CHECKLIST
EMPLOYEE CERTIFICATION**

The following checklist is designed to assess the overall safety of the alternative workplace, i.e., employee residence or facility established by state, local, or county governments or private sector organizations for use by teleworkers. Each telework employee should read and complete this self-certification safety checklist. Upon completion, the checklist should be signed and dated by the participating employee and returned to his/her immediate supervisor. The employee should retain copy for his/her own records.

Employee name:		Title, PP, Series, Grade:	
Name of Organization:		Supervisor's Name:	
Home Address :			Zip code :
City and State :			
Telephone (Home):	Telephone (Work) :	Telephone (Cell):	
Has the employee been issued equipment? (Yes/No)		Has policies and procedures for equipment, security, and privacy act been discussed? (Yes/No)	
If yes, document the equipment that has been issued:			
Computer:		Fax Machine:	
Telephone:		Desk:	
Chair:			
Other:			
Describe alternative worksite:			
I believe the Safety Checklist below is accurate and the approved alternative worksite is a reasonably safe place to work.			
Employee signature:			Date:
Supervisor signature:			Date:
Second-level supervisor signature:			Date:
Program Coordinator signature:			Date:

LIST OF ITEMS/CONDITIONS TO INSPECT

Checklist Yes, No, or Not Applicable (N/A) as appropriate	Yes	No	N/A
1. Is the workspace free of asbestos-containing materials?			
2. If asbestos-containing material is present, is it undamaged and in good condition?			
3. To the extent it can be determined, is the work area free of indoor air quality problems?			
4. Is the space free of noise hazards?			
5. Are temperature, noise, ventilation, and lighting adequate for your normal level of job performance?			
6. Is all electrical equipment free of recognized hazards that would cause physical harm (frayed wires, bare conductors, loose wires, fixable wires running through walls, exposed wires fixed to the ceiling, etc.)?			
7. Are all circuit breakers and/or fuses in the electrical panel labeled as to intended service?			
8. Do circuit breakers clearly indicate if they are in the open or closed position?			
9. Will the building's electrical system permit the grounding of electrical equipment (a 3-prong receptacle)?			
10. Is there a potable (drinkable) water supply?			
11. Are all stairs with four or more steps equipped with handrails?			
12. Are aisles, doorways, and corners free of obstructions to permit visibility and movement?			
13. Are file cabinets and storage closets so drawers and doors do not open in hallways?			
14. Are the phone lines, electrical cords, and surge protectors secured under a desk or alongside a baseboard?			
15. Is there a smoke detector in or near the work area?			
16. Is adequate ventilation present for the desired occupancy?			
17. Are lavatories available with hot and cold running water?			
18. Do chairs have any loose casters or wheels?			
19. Are the rungs and legs of chairs sturdy?			
20. Is the office space neat, clean, and free of excessive amounts of combustibles?			
21. Are the floor surfaces clean, dry, level, and free of worn or frayed seams?			
22. Are carpets well secured to the floor and free of frayed or worn seams?			
23. Do you have an emergency or contingency plan in place with emergency telephone numbers?			
24. Is your chair adjustable?			
25. Do you know how to adjust your chair?			
26. Is your back adequately supported by a backrest?			
27. Are your feet on the floor or fully support by a footrest?			
28. Are you satisfied with the placement of your computer monitor, mouse and keyboard?			
29. Is it easy to read the text on your screen?			
30. Do you need a document holder?			
31. Do you have enough leg room at your desk?			
32. Is the computer monitor screen free from noticeable glare?			
33. Is the top of the computer monitor screen at eye level?			
34. Is there space to rest the arms while not keying?			
35. When keying, are your forearms parallel with the floor?			
36. Are you wrists fairly straight when keying?			
NOTE: Employees are responsible for informing their supervisors of any significant change to the work area or space!			
REMARKS:			