

Date: 10/30/2003

Replaces: 01/28/98

Issuing Office: OD/OHR/DWD/BPLB, 496-2404

**Appendix 1
Telework Application and Agreement**

This application is to be completed by anyone interested in participating in the NIH Telework Program. It includes information that must be completed by both the employee and the supervisor after reading participation guidelines and policies. Manager and employee will then discuss the application as well as the telework terms and conditions, after which the application will be endorsed, modified, or denied. The manager should document the supporting rationale for this decision (see pg. 4).

To Be Completed By the Employee

Date _____

Name _____

Job Title and Grade _____

IC _____

Division _____

Building/Room Number _____

Work Phone _____

Work E-mail _____

Work Fax _____

Home Fax (if applicable) _____

Home Address _____

Home Phone _____

What job tasks will you perform when you are telecommuting? _____

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How will you continue to provide optimal customer service while telecommuting (please identify your customers in answering this question)?

Three horizontal lines for providing an answer to the telecommuting service question.

Considering the nature of your job, what kind of telework arrangement are you seeking?

- regular
ad hoc/situational
episodic

If you are seeking a regular or intermittent telework arrangement, how often do you plan to telecommute?

- days/year specify:
days/month specify:
days/week
other

If you are seeking a weekly arrangement, what days do you propose to work?

- Monday Thursday
Tuesday Friday
Wednesday

What will be your tour of duty on telework days? From to (include meal break and/or any break duty hours, if applicable)

Are you listed as an Essential Employee for emergency situations? Yes No

Are you on any other flexible work schedule that will continue? Yes No

If yes, what kind of schedule is it?

- AWS - compressed work schedule
AWS - flexible work schedule
Other (please describe)

Where will your telework site be located? Home GSA Telework Center (specify which)

Note: If telework is to be done from home, Appendix 3 must be completed.

How far in advance would you need to be notified to come in to the office on a telecommute day?

Horizontal line for providing an answer to the notification question.

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What methods of communication will you use when you are telecommuting (check ALL that apply)?

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Phone | <input type="checkbox"/> Fax |
| <input type="checkbox"/> E-mail | <input type="checkbox"/> Pager/Blackberry |
| <input type="checkbox"/> Voice mail | <input type="checkbox"/> Other _____ |

Which computer applications (e.g., email, ITAS, IMPAC II, etc.) would you need to access on your telework days?

Will you be taking documents out of the office in order to telework? yes no

If "yes", what types of documents (give examples)? _____

What steps will you take to safeguard these documents? _____

Do these documents contain sensitive information (please specify)? _____

Will you require remote access to sensitive information? yes no

If "yes", how will you safeguard this information? _____

Telework Terms and Conditions

- I agree to perform services for the NIH as a teleworker and understand that teleworking is a work alternative that must be requested and approved by my manager prior to beginning to telework. The telework arrangement may be modified or terminated by my manager at any time when, in his/her judgment, it adversely affects service to customers or the operation of the Agency.
- I agree that my duties, obligations, responsibilities, and conditions of employment with the NIH remain unchanged, and that my salary and benefits remain unchanged and are not affected by telework.
- I agree that my work schedule, overtime compensation (if any), leave, and other terms and conditions of employment will conform to the current collective bargaining agreement or personnel policy as applicable, and meet the terms agreed upon with my manager.

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- I agree to develop an effective communications strategy with my supervisor and work group including required meetings held at the NIH and will follow that approved strategy throughout my telework schedule.
- I agree that if applicable, I will establish dependent care arrangements during agreed upon work hours.
- I agree to designate a remote workspace, subject to manager approval, that is free from safety hazards and meets Agency ergonomic standards as defined on the NIH ergonomics website (see Appendix 3 and <http://www.nih.gov/od/ors/ds/ergonomics/index.html>).
- I will protect the remote worksite from hazards and danger that could affect the equipment and me.
- I understand that participation in this pilot is not an entitlement and that it may be terminated by me or my manager at any time.
- I agree to restrict use of any NIH provided equipment, software, data, and supplies which are located at my remote worksite to the sole use of conducting NIH business.
- I agree to return to the NIH any telework equipment, software, data, and supplies which were supplied by the NIH (see Appendix 2) upon my termination of telework or termination of employment.
- In the event of equipment malfunctions, I agree to notify my supervisor immediately. I understand that if a malfunction precludes me from working from my remote location, then I may be assigned other work or be asked to report to the primary office worksite.
- I understand that my remote worksite is considered an extension of the NIH primary worksite, and if I am injured in the course of actually performing official duties at the telework office during the agreed upon work hours, I am governed by the provisions of the Federal Employees' Compensation Act. I understand that attending to personal comfort needs is not considered official duties. If I have a job related accident during my telecommuting hours I will report it to my supervisor immediately.
- Provided I am given 24 hours notice, I agree that the NIH may make on-site visits to my remote worksite during normally scheduled work hours, to investigate the condition and area related to any workers' compensation claim that occurred at the telework site.
- I agree to be liable for injuries to third parties and/or household members that occur at my remote worksite, and to indemnify and hold the NIH harmless regarding any such injuries.
- I agree to be responsible for the maintenance and repair of all my personal property, and I understand I should have appropriate insurance coverage.
- I agree that all products, documents, reports, and data created as a result of my work related activities are owned by the NIH, and will be properly secured and returned to the NIH as requested.
- I acknowledge that I have been supplied with and have read the NIH telework policy and will adhere to all other applicable policies and laws.
- I agree that I have read and will comply with the NIH technology guidelines on use of agency and employee equipment for the telework arrangements.
- I understand that the information supplied by me and contained in this Telework Agreement and additional information, inquiries, or surveys may be used for data collection and evaluation of the NIH Telework Program.

Employee Signature _____

Date _____

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To Be Completed By Approving Official:

The request to telework is:

____ *Approved, for the period of _____

____ Denied, because _____

Eligible for reconsideration: yes, when conditions above are addressed no

Approving Official Signature _____

Date_____

Supervisor Signature (if different than above): _____

Date_____

Please sign this application whether you endorse the telework arrangement or not. You should discuss your decision with the applicant.

*Telework agreements are only valid for a maximum of one year (or less, if the manager determines this to be necessary) and must be reviewed and re-signed at that time.