

TELEWORK APPLICATION & AGREEMENT

EMPLOYEE NAME _____

TITLE, SERIES & GRADE _____

ORGANIZATION (Program/Division/Branch) _____

IMMEDIATE SUPERVISOR – NAME & TELEPHONENUMBER _____

OFFICE PHONE NUMBER _____ HOME OR CELL PHONE NUMBER _____

OFFICIAL DUTY STATION (CITY & STATE) _____

TYPE OF ALTERNATIVE WORKSITE: Home Office GSA Telework Center Other

ADDRESS: _____ **ALTERNATE WORKSITE TELEPHONE NUMBER:** _____

TYPE OF TELEWORK ARRANGEMENT:

REGULAR - Number of days per week or **Number of days per Pay Period**

NOTE: If this application is being submitted in order to utilize Situational or Emergency telework in the future - just put N/A in date and upon use – ensure a email from the approving official with a justification and approval is attached to the application as soon as practicable.

SITUATIONAL Reason _____ **Est Start/End Dates:** _____

EMERGENCY Reason _____ **Est Start/End Dates:** _____

Tour of Duty

Work Week 1	Start Time	End Time	LOCATION: Alternate or Official		Work Week 2	Start Time	End Time	LOCATION: Alternate or Official
Monday					Monday			
Tuesday					Tuesday			
Wednesday					Wednesday			
Thursday					Thursday			
Friday					Friday			

Identify type of work to be performed at ALTERNATE worksite. Use a separate sheet of paper if more space is needed.

EMPLOYEE AGREES TO CALL RETRIEVE AND RESPOND TO VOICE MAIL MESSAGES: EVERY _____ HOURS

Other Requirements: _____

TECHNOLOGICAL INFORMATION:

I have computer access capability at my alternate worksite. High Speed Other (Explain): _____

I have a computer at my alternate worksite.

I request a Department lap top computer (if available).

EMPLOYEE CERTIFICATION: I certify all information on this application and additional forms are true and correct. I agree to abide by all of the requirements of the Telework Policy as well as the requirements set forth in this

document. Further, I understand that Telework is not an entitlement and this agreement may be modified or terminated at any time.

Employee Signature

Date

Approving Official: I certify the rules set forth in the Telework Policy will be enforced. Additionally, I am aware of the compensatory and overtime provisions in the Policy. Approval is contingent upon the employee meeting all technological requirements and needs as determined and certified by the Local ITD or HQOTC.

APPROVED

DISAPPROVED

Approving Official Signature

Date

Title: _____

Reason if disapproved: Use a separate sheet of paper if more space is needed.

Local Information Technology Director (ITD) or Headquarters Office Technology Coordinator (HQOTC) CERTIFICATION & CONCURRENCE: (Please check all that apply)

Based on the information provided by the employee:

The employee's computer access is sufficient for all needed HUD Programs. If not – can this situation be remedied by HUD? NO YES and action will be taken to do so.

The employee requested a Department Laptop. If so – is one available? NO YES

The employee did not request a Department Laptop.

The employee has been counseled on the use Remote Access and the Rules of Behavior and provided any other pertinent information.

Employee has the technological capability to work from an alternative worksite:

CONCUR

NON-CONCUR

Signature _____

Date _____

Title _____

TELEWORK PROGRAM COORDINATOR

I certify I have reviewed this application in its entirety and all sections are complete, properly signed and all required forms are attached.

SIGNATURE: _____

DATE: _____

SENSITIVE INFORMATION: The information collected on this form is considered sensitive and is protected by the Privacy Act. The Privacy Act requires that these records be maintained with appropriate administrative, technical, and physical safeguards to ensure security and confidentiality. In addition these records should be protected against any anticipated threats or hazards to their security or integrity which could result in substantial harm, embarrassment, inconvenience, or unfairness to any individual on whom the information is maintained.