APPENDIX B: DOJ TELEWORK AGREEMENT

The telework agreement below is a basic template that can be tailored to match a component's needs. Generally, a telework agreement should include the following, but not be limited to:

- a listing of the Department's and component's policies on telework and a signature indicating understanding and agreement to abide by those policies;
- a listing of telework schedule;
- technology or GFE used to facilitate the telework;
- a self-certified safety checklist (see Appendix E); and
- other policy, provisions, or aspects of the agreement that the organization, the manager, or the employee feels should be put in writing.

DOJ TELEWORK AGREEMENT FORM

Part 1: General Information (Please type or print clearly)										
Action Requ	Jested:	New Cha		ange Termination		Date of Request				
	Employee Information									
Employee Nan	ne				Component/Division	Office				
()		()		()	()				
Work Phone		W	/ork Mobile Phone		Home Phone	Cell Phone				
I										
Supervisor's N	lame									
The following Department		s an agree	ment on the terr		Telework Agreement	ngement between the employee and the				
					ed Telework Option/Days Select one option:					
R	Routine Scheduled Telework Days (per Pay Period)									
	W	Veek 1	Week 2	If applica	able identify the work scheo	dule for the employee (e.g. Maxiflex).				
Monday			 	-						
Tuesday			ļ							
Wednesday										
Thursday										
Friday										
Saturday				-						
Sunday				1						
-	utine Scher	duled Dav	s per month: /	ist Davs per	month (if not authorized to tele	work at least one day per pay period, but at least one				
regi	larly schedul	ed and recu	urring telework day	per month):						
Siturela	Jational (Ad ated) Provid	d Hoc: sho le example	ort period of times of approved te	1e, project elework situ	t based, unscheduled or w uations	reather				

				Term	ns of Agreem	ent				
reg							d agrees to adhere to a o adhere to all laws, reg			
2.		The employee agrees to participate for a period beginning: and ending: this agreement should be reviewed and updated as necessary, but no less frequently than once every two ye								
3.	The supervisor and employee agree to the work schedule cited above for the telework location.									
	Start	t Time			Stop Time					
4.	Employee's off	icial worksit	te:							
				Street Address		City, St	ate	Zip Code		
5.		gency worksite (if the employee's 'e):								
				Street Address		City, St	ate	Zip Code		
6.	The approved tare:	telework loc	ations							
	ale.	toloworl	Primary							
	telework location:			Street Address		City, St	ate	Zip Code		
			econdary							
		telework	location:	Street Address		City, St	ate	Zip Code		
7.	Employee has an adequate ar	completed nd safe wor	the Safety C k area and t ⁱ	hecklist for Tele	work Locatior rtifies that all	ns. Employee and s approved telework l	supervisor have discuss ocations meet those re	ed requirements for quirements.		
8.	Employee completed telework training on (date).									
9.	The following e	quipment h	as been issi	ued to the emplo	yee and docu	umented by the age	ncy:			
	Equipment	Descriptio	n	Issue Dat	te	Serial Number	DOJ Property Tag #	Return Date		
	Computer									
	Telephone									
	Other									
	Other									
	Other									
10.	All timekeeping	j, leave, per	rformance re	quirements, and	l special pay a	approvals are the sa	ame as for the traditiona	al worksite.		
11.							to allow the supervisor sure worksite conformation			

 The employee agrees to immediately notify the supervisor of any work-related accident, injury, or illness occurring at the telewor location and timely submit completed Occupational Injury/Illness Forms, as appropriate. The Government will not be liable for damages to an employee's personal or real property during the course of performance of official duties or while using Government equipment in the employee's telework location, except to the extent the Government is held liable by Federal Tort Claims Act. The Government will not be responsible for operating costs, home maintenance, or any other incidental costs whatsoever, associated with the use of the employee's residence. While teleworking, the employee is entitled to reimbursement for authorized expenses incurred while conducting business for the Government, as provided for by statute and implementing regulations. The employee will apply approved safeguards when teleworking to protect Government/agency records from unauthorized disclosure or damage, and comply with all agency and component policies and regulations regarding classified, unclassified and other sensitive information. The employee may voluntarily terminate a telework agreement at any time. Supervisors may remove the employee from a telework agreement in accordance with DQJ telework policies, established administrative procedures, and union negotiated 	zed										
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agreements (initial)	lework agreement in accordance with DOJ telework policies, established administrative procedures, and union negotiated										
17. The employee agrees to limit performance of assigned duties to the approved telework location. Failure to comply with this provision may result in termination of the telework agreement and appropriate disciplinary action.											
18. The employee agrees that he or she may be required to telework outside of his or her normal telework schedule in the case of a temporary emergency situation (e.g. worksite closure, authorized early dismissal, authorized delayed arrival, declaration of COC status).	nporary emergency situation (e.g. worksite closure, authorized early dismissal, authorized delayed arrival, declaration of COOP										
 The employee certifies that adequate dependent care arrangements are in place, and will not interfere with the employee's abilit to telework. 	elework.										
Safety Checklist for Telework Locations											
The following checklist is designed to help you assess the overall safety of telework locations. Each participant should read the safety checklist provided below and certify that all telework locations are in compliance with all listed safety criteria.											
Safety Feature Yes No											
1. Is the space free of indoor air quality hazards such as asbestos and mold?											
2. Is the work space equipped with fire, smoke, and carbon monoxide detectors?											
3. Are stairways and walkways nonslip and free of obstructions and trip hazards?											
4. Is all electrical equipment free of recognized hazards that would cause physical harm?											
5. Are all areas free of obstructions to permit visibility and movement?											
I hereby agree to the telework Terms of Agreement and certify that my telework location is in compliance with all listed safety criteria.											
Employee's signature: Date:	Date:										
Part 3: Immediate Supervisor's Review											
Approval											
Approval with modification (please describe):	Approval with modification (please describe):										
Disapproval (state reason):											
Supervisor's signature: Date:											

Distribution of Copies

Original – Approving Official

Copy – Employee

Copy – Human Resources