

ARS

Emergency Telework Agreement

This agreement is in effect between the employee and the Agency during times of declared emergency situations (either manmade or natural) and/or when necessary to help prevent the spread of infectious disease (e.g., H1N1 virus) through minimizing workplace contact. This is not a substitute for the standard telework agreement authorizing regular and recurring and situational teleworking in non-emergency situations.

The employees recognize that they may be required to perform their regular duties, or other assigned duties, from an alternate location (including their home) during times when their regular work location is closed. The employee also recognizes that work shall be performed in accordance with Department of Agriculture policies and procedures related to information security, personal safety, and standards of conduct as specified in DR 4080-811-002, Teleworking Program and DM 3525-003, USDA E-Mail and Internet Security Chapter 5, Part 3, "Telework and Remote Access Security."

In an emergency where social distancing has been deemed necessary, ARS will allow employees to temporarily work from home on a case by case basis. In the event that an employee requires access to their work desktop computer, provisions will be made to enable this access.

The Agency recognizes that, on a case-by-case basis, the employee may be excused from duty during an emergency if the emergency adversely affects the telework location (e.g., loss of electricity or heat, etc.), if the employee faces a personal hardship that prevents him/her from working successfully at the telework site, or if the employee's duties are such that he/she cannot continue working due to loss of contact with the regular worksite. The Agency also recognizes that in an emergency situation some of the employee's duty time may be required for childcare or other care of a family member. Employees are expected to request annual leave or other paid time off while performing these responsibilities.

The supervisor or the employee may terminate this agreement at any time.

Agreed to by:

Employee _____ Date _____

Contact Phone Number _____

Supervisor _____ Date _____

Contact Phone Number _____

Area Director/Second Line Supervisor _____ Date _____

Agency/Staff Office IT Staff _____ Date _____