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U. S. DEPARTMENT OF AGRICULTURE
RESEARCH, EDUCATION AND ECONOMICS

TELEWORK AGREEMENT

Section A. Basic Employee Information and Telework Arrangement

INSTRUCTIONS: All telework eligible employees must complete a telework agreement. Eligible employees who wish to telework must complete the entire agreement form. Employees who wish to opt-out of the telework program must complete only items A1 through A10 of this form and return the form to supervisor. Eligible employees who initially decide to opt-out may request to telework at a later date and must complete a new agreement at that time.

1. This constitutes a Telework Agreement between the United States Department of Agriculture (USDA), the Agricultural Research Service (ARS) and _____ detailing the terms/conditions of the telework program.
   (Employee Name: Last, First, MI)

2. Division/Branch/Section/Location/Management Unit: _____

3. Official Duty Location Address and Contact Information:

   Building: _____
   Address Line 1: _____
   Address Line 2: _____
   City: _____ State: _____ ZIP Code: _____

   Work Phone: _____ Work Email Address: _____

4. Position Title, Pay Plan, Series, Grade: _____

5. Tour of Duty: ☐ Standard ☐ Compressed (5-4-9) ☐ Compressed (4-10) ☐ Flexible (Maxiflex or other variation)
   ☐ Other (specify): _____

6. Work Schedule: ☐ Full-Time ☐ Part-Time ☐ Other (specify): _____

7. Type of Appointment: ☐ Permanent ☐ Temporary ☐ Term ☐ Student
   ☐ Other (specify): _____

8. Is the employee designated Emergency Essential (MI) during unique situations and emergencies? ☐ Yes ☐ No

9. Is the employee currently a Supervisor? ☐ Yes ☐ No

10. Check one of the following: ☐ New Agreement ☐ Change to existing agreement ☐ Opt-out

    NOTE: *Employees who are opting out of participating in the telework program should stop here, sign in Section D, and submit it to your immediate supervisor.*

11. Employee will participate on the following basis: ☐ Core Telework (Regular/Recurring) ☐ Situational/Ad hoc/Unscheduled

12. Number of days authorized per Pay Period (if on Core agreement): _____

13. Designated Telework Schedule: ☐ N/A (Situational/Ad hoc only):

    Week 1 of Pay Period: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday
    Week 2 of Pay Period: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

    NOTE: *For teleworkers with a core telework schedule, it will be presumed that you will be working at your official duty location for the days during which you are not scheduled to telework, unless it is a Regular Day Off (RDO) or your absence has otherwise been approved by the supervisor.*

14. Telephone number that will be provided to internal/external customers when calling the teleworker (typically the work number of the official duty station): _____. This must be different from a dial-up modem line.

15. Telephone number where the immediate supervisor may reach the employee right away when urgent matters arise (if different from #14 above): _____

16. Primary Telework Location: ☐ Residence ☐ Satellite Office ☐ Other (specify): _____

    a. Provide Telework Physical Address:

    Address Line 1: _____
    Address Line 2: _____
    City: State: ZIP Code:

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b. For residential telework only, please provide a detailed description of the designated work area, including where the work area is located in the home:

17. Distance from Official Duty Station to Primary Telework Location: _____ miles.

18. Estimated total number of commuting miles saved each year: _____

19. What type of commuting will you avoid by teleworking (car, bus, rail, etc.)? _____

20. Is employee participating in the Transit Subsidy Program? ☐ Yes ☐ No

Section B. Physical and Information Security Checklist

1. Has the employee completed the required annual Information Security and Personally Identifiable Information (PII) Training?

   ☐ Yes ☐ No Date Completed: _____

2. How does the employee obtain his/her Internet connection (check one)?

   ☐ DSL ☐ Cable Modem ☐ Telephone Modem ☐ Telecenter ☐ FIOS

3. Do the duties of the position involve working with Sensitive But Unclassified/Sensitive Security Information that may require additional security measures or training? (Example: Handling sensitive information) ☐ Yes ☐ No

   a. If yes, please describe briefly the type of SBU/SSI involved:

   b. If applicable, has the employee been instructed to recognize and handle securely SBU/SSI? ☐ Yes ☐ No ☐ N/A

   c. If job duties require securing SBU/SSI, has a locked file cabinet been identified/provided at the telework site to secure SBU/SSI files, records, papers, or electronic media? ☐ Yes ☐ No ☐ N/A

   Description:

4. Employee has been issued the following government furnished equipment (GFE) specifically for the purpose of telework. (NOTE: The government is obligated to issue equipment only when the employee is required to telework, e.g., he/she has been designated as "emergency essential" and is required to work in emergency situations. Equipment may be issued in other circumstances in accordance with budget constraints and management discretion.)

   ☐ No GFE Issued ☐ Desk-top computer or laptop ☐ Modem ☐ Printer ☐ Fax

   ☐ Software (specify): _____

   ☐ Other (specify): _____

   NOTE: If the employee has been issued GFE, please complete and attach an official property form.

Section C. Terms and Conditions

The *Terms and Conditions* listed at (www.afm.ars.usda.gov/hrd/worklife/telework/terms.htm) are considered an integral part of all telework agreements. All signatories to a telework agreement are required to read these *Terms and Conditions.* Signing an agreement constitutes certification that you have read, understood, and will abide by all *Terms and Conditions* of the ARS Telework Program.

Section D. Signatures

In the space below, please provide any additional comments, explanations, and/or provisions that have been established by the employee and/or supervisor for this agreement:

Immediate supervisor: ☐ N/A

Employee: ☐ N/A

I certify that I have read and understood the telework arrangement described above in this agreement. I further certify that I have read and understood the *Terms and Conditions* listed at (www.afm.ars.usda.gov/hrd/worklife/telework/terms.htm) and agree to abide by them, in addition to any other terms and conditions contained above in Section D. Failure to abide by all *Terms and Conditions* pertinent to this agreement may result in a termination of the telework agreement.

Employee's Signature Sign Clear	Date	Type or Print Name and Title	Date Telework 101 for Employees training was completed:
Supervisor's Signature *(Required)* Sign Clear	Date	Type or Print Name and Title	Date Telework 101 for Managers training was completed:
Approving Official's Signature *(Required)* Sign Clear	Date	Type or Print Name and Title	Date Telework 101 for Managers training was completed: