

Application

Modification

**APPENDIX A: TELEWORK APPLICATION/AGREEMENT AND  
MODIFICATION OF TELEWORK AGREEMENT**

Section I – To be completed by the Employee

Date of Request: \_\_\_\_\_ Proposed Start Date: \_\_\_\_\_  
Employee Name: \_\_\_\_\_ Organization: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Grade or Pay Band: \_\_\_\_\_  
Supervisor's Name and Title: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address, Telephone, and Description of Alternate Worksite: \_\_\_\_\_

---

Equipment Needed to Perform Work at Alternate Worksite: \_\_\_\_\_

---

**Telework Level Requested:** ( ) Plan A ( ) Plan B  
**Type of Telework:** ( ) Regularly Scheduled ( ) Ad Hoc ( ) For Continuity of Operations  
or Emergency Purposes

**Expiration Date of Agreement:** September 30, 20\_\_\_\_\_

Work Schedule Including AWS Day Off (If Applicable): \_\_\_\_\_

Telework Days at Alternate Worksite: \_\_\_\_\_

Identification of specific data types allowed being accessed:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_I have requested Plan A. I understand that I am limited to no more than 80 hours of ad hoc telework during the term of the individual telework agreement. Time worked during an election to work unscheduled telework under an announcement by appropriate authorities counts against the 80 hours of ad hoc telework during the term of the agreement. I will not be required to telework when my office is closed due to unforeseen circumstances.

\_\_\_\_\_I have requested Plan B. I understand that I must telework when my office is closed due to unforeseen circumstances, unless otherwise excused by my supervisor. I have the option of performing regular/recurring and/or ad hoc telework for more than 80 hours during the term of the agreement. Working less than 80 hours of ad hoc telework does not change my election of Plan B.

\_\_\_\_\_ I certify that I have completed an approved interactive telework training program authorized by my bureau , the Telework Safety Checklist, and the Telework Assessment Tool.

\_\_\_\_\_ I understand that I may not care for children, elders, or other dependents while I am in a duty status and teleworking. I am not permitted to telework during time I am taking care of dependents. In these situations, I may request the appropriate leave from my supervisor.

\_\_\_\_\_ I understand that I must abide by the IT security requirements conveyed in the **DOC Information Technology Security Program Policy (ITSP), Commerce Information Technology Requirements (CITRs), Frequently Asked Questions (FAQs) and IT Security Policy memos**. A complete list of DOC IT security documentation can be accessed at: <https://connection.commerce.gov/collection/it-security-policy-and-fisma-reporting-program>

\_\_\_\_\_ I understand that I must abide by the IT security requirements conveyed in the **NOAA Information Technology Security Policy (ITSP), NOAA’s Computer Incident Response Team Requirements (N-CITR), and IT Security Policies**. A complete list of NOAA IT security documentation can be accessed at: <https://www.csp.noaa.gov/policies>.

\_\_\_\_\_ When unscheduled leave or telework is announced by the appropriate authorities, I understand that the election is mine but I must notify my supervisor. However, in rare situations, I am aware that management may require me (a “non-emergency” employee) to deny my unscheduled leave/telework and require me to report for an assignment that requires my presence and management has discussed this with me in advance of the situation giving rise to unscheduled leave/telework.

**Employee’s Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Section II – To be Completed by the Approving Official

Approved: ( )                      Disapproved: ( )      Reason Not Approved: \_\_\_\_\_

**I certify that the employee is eligible and authorized to telework, that I have reviewed the employee’s Safety Checklist as well as the Telework Assessment Tool.**

**Approving Official’s Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Alternate Worksite Costs** – The employee understands that the Government will not be responsible for any operating costs that are associated with the use of the employee’s home as an alternate worksite, for example, home maintenance, insurance, or utilities. The employee also understands that any entitlement to reimbursement for authorized expenses incurred while conducting business for the Government, as provided for by statute or regulation, is not relinquished by this agreement.

**Liability** – The applicant understands that the Government will not be held liable for damages to his/her personal or real property while he/she is working at the approved alternate worksite, except to the extent the Government is held liable under the Military Personnel and Civilian Employees Claims Act and the Federal Tort Claims Act.

**Injury Compensation** – The applicant understands that he/she is covered under the Federal Employees Compensation Act if injured in the course of actually performing official duties at the alternate worksite. The applicant agrees to notify his/her supervisor immediately of any accident or injury that occurs at the alternate workplace and to complete any required forms. The supervisor agrees to investigate such a report as soon as possible.

**Disclosure** – The applicant agrees to protect Government records from unauthorized disclosure or damage and will comply with requirements of the Privacy Act of 1974, 5 U.S.C. § 552(a), and those outlined in **Section XVI. PRIVACY ACT, SENSITIVE INFORMATION, AND HIGHLY SENSITIVE INFORMATION – REQUIREMENT FOR TELEWORK-READY EMPLOYEES.**

**Compliance with This Agreement** – The employee’s failure to comply with the terms of this agreement may result in the termination of this agreement and the telework arrangement. Failure to comply also may result in disciplinary action against the employee if just cause exists to warrant such action.

**Employee’s Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Approving Official’s Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**APPENDIX B: TELEWORK ASSESSMENT TOOL**

The decision to telework should be based on the ability of an employee to work in a setting that may be in his/her home or a Federal facility other than the regular office, without immediate supervision. The following tool is to be used by the supervisor as a basis for discussing the option and appropriateness of telework for a particular employee. Employees are also required to use the assessment tool to help in determining if telework is suitable for their positions.

**Please rate yourself or your employee, using the following scale:**

**5 – Always    4 – Usually    3 – Sometimes    2 – Rarely    1 – Never**

- 1. Employee works without regular monitoring/supervision.
- 2. Employee is comfortable working alone.
- 3. Employee independently identified required work products.
- 4. Employee successfully plans work production schedule.
- 5. Employee communicates hindrances to successful completion of a task or project in sufficient time to allow for alterations that improve the opportunity for success.
- 6. Employee is knowledgeable about your organization’s procedures/policies.
- 7. Employee is fully aware of Department information technology security.
- 8. Employee meets deadlines.
- 9. If telework will be in the employee’s residence, the residence has an appropriate work environment.
- 10. Employee is willing to provide his/her own equipment if Government-furnished equipment is not available.
- 11. Employee is computer literate.
- 12. Employee has successfully completed the Office of Personnel Management’s online teleworking training course.

**Approving Official’s Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**APPENDIX C: TELEWORK SAFETY CHECKLIST**

This checklist is to be completed only if the proposed alternate worksite is in a private residence. This checklist is designed to assess the overall safety of the designated work area of the alternate worksite. Each applicant should read and complete the self-certification safety checklist. Upon completion, the checklist should be signed and dated by the applicant and submitted to the immediate supervisor.

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address, Telephone, and Location of Alternate Worksite: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe the Designated Work Area:

- 1. Are stairs with four or more steps equipped with handrails? ( ) Yes ( ) No ( ) N/A
- 2. Are aisles, doorways, and corners free of obstruction? ( ) Yes ( ) No ( ) N/A
- 3. Are file/storage cabinets arranged so that open doors/drawers do not create obstacles?  
( ) Yes ( ) No ( ) N/A
- 4. Is the office space neat, clean, and free of combustibles? ( ) Yes ( ) No ( ) N/A
- 5. Are phone lines, electrical cords, and surge protectors secured under a desk or alongside a baseboard? ( ) Yes ( ) No ( ) N/A
- 6. Are circuit breakers/hoses in the electrical panel properly labeled? ( ) Yes ( ) No ( ) N/A
- 7. Is electrical equipment free of recognized hazards that could cause physical harm (e.g., frayed, loose, and/or exposed wires, bare conductors, etc.)? ( ) Yes ( ) No ( ) N/A
- 8. Does the building electrical system permit grounding of equipment (i.e., have three-prong receptacles)? ( ) Yes ( ) No ( ) N/A
- 9. Is there a smoke alarm and clear access to a fire extinguisher? ( ) Yes ( ) No ( ) N/A

By signing this document, the applicant certifies that all of the above applicable questions were answered in the affirmative, or, if answered in the negative, that the applicant will take all necessary corrective actions to eliminate any hazard prior to beginning telework.

**Applicant's Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_