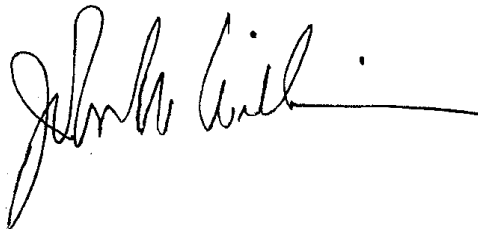


For: RMA Field Office Employees

RMA Flexiplace Pilot Program for Field Office Employees

Approved by: Acting Deputy Administrator, Management



1 Overview

A

Background

In August 1998, the FSA and RMA Partnership Council signed an agreement, for National Office employees, supporting a flexible workplace program. This program allows employees who want to work offsite to do so if:

- their work is appropriate to this arrangement
- this arrangement will benefit the Government.

A pilot Flexiplace Program is now being extended to RMA Field Office employees.

B

Purpose

This notice:

- announces the pilot RMA Flexiplace Program for Field Office employees
- provides procedures for applying for the Program.

C

Duration of Pilot

The pilot RMA Flexiplace Program will run from August 1 through December 31, 1999.

Continued on the next page

Disposal Date	Distribution
January 1, 2000	All RMA Field Office Employees

Notice PM-2121

1 Overview (Continued)

D

Kansas City Employees

Flexiplace is **not** available to RMA employees in Kansas City under the current collective bargaining agreement with NFFE Local 858

E

Contacts

For more information about this notice or RMA Flexiplace Program for Field Office employees, contact Susan Brown, HRD, on 202-418-9039 or TDD 202-418-9116.

Note: Other contacts are also listed in this notice.

F

Definition of Flexiplace

Flexiplace is a family-friendly program that permits work to be performed at nontraditional worksites, such as an employee's home.

2 RMA Flexiplace Program Requirements

A

Policy Statement

RMA supports a flexible workplace policy for employees who want to work offsite for part of the pay period and whose work is appropriate to this arrangement.

B

Pilot Program

The pilot Flexiplace Program for RMA Field Office employees is to be product-oriented. Employees in the pilot should have a specific project/product goal when they initiate their application. Employees approved for periodic Flexiplace should advise their supervisor of their tasks the day before working at their Flexiplace site. Participants shall also advise their supervisor of the completion status of those tasks upon return to their duty station.

RMA Field Office employees on Flexiplace are required to work at least 2 days per week in their office.

Continued on the next page

2 RMA Flexiplace Program Requirements (Continued)

**B
Pilot Program
(Continued)**

A Flexiplace work schedule does not follow a regular weekly schedule. The following table shows the types of assignments which might qualify for the program.

Type of Flexiplace	Description
Short-Term	a one-time work assignment
Periodic	an occasional work assignment up to 3 days a month

**C
Evaluation
Factors**

Supervisors and participants will be asked to evaluate:

- implementation
 - accessibility of/ease of interaction with Flexiplace participant
 - accomplished goals and products of Flexiplace participants
 - technical issues such as dial-in access, phone services, etc.
-

**D
Work
Requirements**

Appropriate work for a flexible worksite must meet the following criteria:

- work must be portable
 - work must be measurable
 - able to complete the work away from the official duty station without adversely affecting the workload of other employees, office coverage, or the mission of the work unit.
-

Continued on the next page

2 RMA Flexiplace Program Requirements (Continued)

D
Work
Requirements
(Continued)

The types of work suitable for Flexiplace depend on a specific job function. However, jobs that require the following types of skills may be considered good candidates for Flexiplace:

- requires thinking and writing; such as, data analysis, reviewing voluminous documents, and writing decisions or reports
- requires telephone-intensive tasks; such as, setting up conferences, obtaining information, and following up on participants in training sessions
- computer-oriented tasks; such as, programming, data entry, and word processing.

Note: It is recommended that the employee working Flexiplace be assigned a work project.

E
Employee
Qualifications

To be considered for Flexiplace, an employee shall:

- have a permanent career status
- have a performance rating of at least “fully successful” or the pass/fail equivalent
- demonstrate motivation, independence, and dependability in accomplishing work assignments
- not have a lot of face-to-face contact with others
- have good time management skills
- be engaged in work that can be performed successfully offsite.

Note: Under normal circumstances, supervisory duties requiring daily face-to-face interaction would not be compatible with the Flexiplace Program.

Notice PM-2121

3 Responsibilities

A Supervisory Responsibilities

Supervisors shall consider the following criteria in evaluating a position for Flexiplace:

- office staff is not adversely affected

Note: Ensure that work assignments and responsibilities are evenly distributed.

- office coverage is not adversely affected
- service to internal and external customers will not be adversely affected
- work activities are portable and can be performed as effectively outside the office
- job tasks are easily quantifiable or primarily project oriented
- an essential component of job responsibility consists of reading and/or processing tasks
- the technology needed to perform the job offsite is currently available
- cyclical work does not present a problem
- security and confidentiality of data can be adequately assured
- most work assignments are not classified.

Continued on the next page

3 Responsibilities (Continued)

B Employee Responsibilities

Employees shall:

- sign and follow the terms and conditions of a written Flexiplace agreement
 - maintain productivity, customer service, and accessibility
 - follow established procedures for:
 - requesting and obtaining leave
 - accurately recording time and attendance
 - be in compliance with applicable building and safety codes and local permits. This includes, but is not limited to, ensuring that the electrical system and safeguards are adequate to protect Agency computers, printers, and other equipment.
-

4 Preliminary Requirements

A Requirements Before Working Offsite

The requirements in this paragraph must be completed before an employee starts to work offsite. In addition, all clearances and technical requirements must be in place before any employee can begin Flexiplace.

B Offsite Workdays

The employee, in consultation with the supervisor, shall determine the number of offsite workdays each pay period.

- The employee may work at the alternative worksite from 1 to 3 days a week with at least 32 hours per pay period in the office.
- The arrangements are tailored to the individual employee's work requirements and are committed to a written agreement approved by the employee's supervisor.

These requirements are the same for full-time as well as part-time employees.

In addition to regularly scheduled onsite days, employees shall attend occasional meetings or other onsite events. Adequate notice of these events will be given to employees who are not scheduled to be in the office on those days.

Continued on the next page

4 Preliminary Requirements (Continued)

C Home Inspections

The Flexiplace employee's worksite must meet acceptable standards for the:

- employee's safety
- security of data
- security of any Government-owned equipment.

Before beginning to work at home, employees must have **either** of the following:

- a self-certification safety inspection completed on FFAS-7 (Exhibit 2)

Note: It is the employee's responsibility to complete FFAS-7. The supervisor then reviews and signs the form.

- an onsite inspection. Employees shall be given adequate notice before making the onsite inspection.

Note: The Agency may make periodic inspections during normal business hours.

D Hours of Duty and Work Schedules

Rules on hours of duty and core time apply to Flexiplace employees.

Alternative work schedules available to onsite employees may be approved for Flexiplace employees. A Flexiplace employee's work schedule is established with the concurrence of the supervisor and parallels the office's schedule.

E Dependent Care

Flexiplace is **not** a substitute for day care. Flexiplace employees shall not have a dependent needing attention and care in the home during workhours, unless an in-home care provider is present.

Note: Older children who can take care of themselves before and after school may be in the home during workhours.

Notice PM-2121

5 Personnel Rules That Apply to Flexiplace Program

A

Introduction

The rules in this paragraph apply to employees who are approved to work offsite under the RMA Flexiplace Program.

B

Overtime and Credit Hours

Rules on overtime apply to Flexiplace employees. Employees should work overtime only with advance approval. Flexiplace privileges may be canceled for employees who continue to work unapproved overtime.

Employees on a Flexiplace arrangement may earn credit hours according to 17-PM.

C

Pay and Leave

Rules on pay and leave administration apply to Flexiplace employees.

D

Emergency Dismissals

A Flexiplace employee may sometimes, but not always, be affected by a dismissal requiring the regular office to close.

IF...	THEN...
the regular office is affected by an emergency, but the alternative worksite is unaffected	the employee is not excused, and must continue to work his or her normal workday. Example: On a “snow day”, the Flexiplace employee is not excused unless he or she cannot perform work at the alternative worksite because the regular office is closed.
the regular office and the alternative worksite are affected by a widespread emergency	the employee may be granted excused absence as appropriate.
an emergency affects the alternative worksite for a major portion of the workday	either of the following may apply: <ul style="list-style-type: none">• the employee may be required to do either of the following:<ul style="list-style-type: none">• report to the regular office• request leave• be granted excused absence, depending on the circumstances.

Continued on the next page

Notice PM-2121

5 Personnel Rules That Apply to Flexiplace Program (Continued)

E

Official Duty Station

The Flexiplace employee's official duty station is the same as the RMA office to which the employee is assigned. Entitlement to locality-based comparability payment, special salary rates, travel allowances, and relocation expenses is based on the official duty station.

F

Performance Standards

Performance standards for Flexiplace employees will:

- be results-oriented
 - describe the quantity and quality of expected work products and the method of evaluation.
-

G

Time and Attendance

Supervisors shall continue to:

- review the Flexiplace employee's request for leave
 - certify the Flexiplace employee's time and attendance.
-

H

Worker's Compensation

Flexiplace employees are covered by the Federal Employees Compensation Act and may qualify for payment for on-the-job injury or occupational illness.

I

Zoning

Flexiplace employees shall:

- determine, and comply with, any local zoning restrictions
 - pay for any costs of working at home that arise from local zoning requirements.
-

Continued on the next page

5 Personnel Rules That Apply to Flexiplace Program (Continued)

**J
Liability**

Agencies will not be held liable for damages to an employee's personal or real property while the employee is performing official duties or while using the Agency's equipment.

Exception: An Agency may be held liable by either of the following:

- the Federal Tort Claims Act
- claims arising under the Military Personnel and Civilian Employees Claims Act.

The employee shall obtain necessary insurance coverage, business use permits, variances, etc., from local municipalities, homeowner's associations, etc.

**K
Removing
Employees From
Flexiplace**

An employee's involvement in the Flexiplace Program is voluntary and may be discontinued by the employee or the supervisor at any time with appropriate notice. This notice must be sufficient to allow necessary workplace adjustments to be made.

Management may remove an employee from the RMA Flexiplace Program if any of the following occur:

- the employee's performance declines
 - other employees are unable to perform their duties because of the absence or unavailability of the Flexiplace employee
 - the work assignment changes to include duties that cannot be performed from a remote worksite
 - the program no longer benefits the organization's needs.
-

Continued on the next page

Notice PM-2121

5 Personnel Rules That Apply to Flexiplace Program (Continued)

K

Removing Employees From Flexiplace (Continued)

Normally, the employee will not be removed from Flexiplace for a single minor infraction of FFAS-10. The supervisor and employee will make a bonafide effort to work out specific problems before any decision is made to remove the employee from the Flexiplace Program.

Upon termination of FFAS-10, the employee shall return to the regular worksite.

L

Special Accommodations

Requests for accommodations will be approved on a case-by-case basis. To request an accommodation, contact Susan Brown on 202-418-9039 or TDD 202-418-9116 at least 3 weeks before starting Flexiplace.

6 How to Apply for Flexiplace

A

Flexiplace Work Agreement

To participate in the RMA Flexiplace Program, an employee shall:

- meet the requirements in paragraph 4
 - complete FFAS-10 (Exhibit 1)
 - obtain approval of the first-level supervisor on FFAS-10
 - complete FFAS-7 (Exhibit 2)
 - attach FFAS-7 to FFAS-10.
-

B

Accessing Flexiplace Forms

Employees may use either of the following sources to obtain copies of the forms required to apply for Flexiplace:

- access the FSA HRD website at <http://dc.ffasintranet.gov/hrd/flexiplace>
 - contact Susan Brown on 202-418-9039 or TDD 202-418-9116.
-

Continued on the next page

Notice PM-2121

6 How to Apply for Flexiplace (Continued)

C

**Where to
File Completed
FFAS-10**

Employees and their supervisors should each keep a copy of the completed FFAS-10 and mail or FAX FFAS-10 to Susan Brown, HRD, according to the following table.

Mailing Address	FAX Number
Performance Management, Benefits, and Awards Branch, STOP 0595 USDA, FSA, HRD 1400 Independence Ave., SW Washington, DC 20250-0595	202-418-9129

7 Computer Equipment

A

Policy Statement

Employees approved for working offsite during the pilot Flexiplace Program may use available agency laptops or their personal equipment.

A waiting list will be established if there is a shortage of laptop computers.

B

**Personal
Equipment**

Employees wanting to use their own home computer equipment may do so, if the security of Government information can be assured.

Employees' personal equipment must:

- be IBM compatible
 - have a current Windows package.
-

C

**Service and
Maintenance**

If employees use their own equipment, they are responsible for servicing and maintaining it.

Employees using Government equipment shall bring the equipment into their regular worksite for service and/or repair.

Continued on the next page

Notice PM-2121

7 Computer Equipment (Continued)

D

Utility Expenses

Flexiplace employees shall pay any additional utility expenses associated with working at home.

E

Requesting a Laptop

To request a laptop computer, see your immediate supervisor. Each office has a supply of laptops to loan at their discretion.

F

Requesting Software

To request software, contact the Help Desk on 816-926-1126.

G

Requesting Dial-In Access

To gain access to an employee's e-mail account from the employee's offsite location, an employee shall complete and submit FCIC-586, RMA Security Access Authorization Form, (Exhibit 3).

H

Computer Problems

Employees experiencing software-related problems should contact the Help Desk on 816-926-1126.

Notice PM-2121

8 Telephone Lines

A

Policy Statement

The Government **will** pay for domestic long-distance telephone calls needed to perform official Government business by using a Calling Card

For the pilot Flexiplace Program, telephone lines will **not** be installed and Government Calling Cards will **not** be issued. Employees shall use their existing residential line for dial-in access to their e-mail account.

9 Office Equipment, Supplies, and Material

A

Office Equipment

RMA does not provide office equipment for Flexiplace participants.

Examples: Examples of office equipment include, but are not limited to, the following:

- cabinet
 - chair
 - desk.
-

B

Supplies and Materials

RMA will provide supplies and materials for Flexiplace participants.

Examples: Examples of supplies and materials include, but are not limited to, the following:

- paper
- pencils and pens
- disks
- folders
- binders.

Supplies and materials should be ordered from the employee's work unit through normal procurement procedures.

FFAS-10, Flexiplace Work Agreement

**A
Example of
FFAS-10**

Following is an example of a completed FFAS-10.

REPRODUCE LOCALLY. Include form number and date on reproductions.

FFAS-10 <small>(05-24-99)</small>	U.S. DEPARTMENT OF AGRICULTURE <small>Farm and Foreign Agricultural Services</small>
---	--

FLEXIPLACE WORK AGREEMENT

PURPOSE

The purpose of this agreement is to document the flexiplace work agreement between the employee and supervisor.

Flexiplace agreements shall be signed and forwarded to the Flexiplace Coordinator when employee and supervisor agree to flexiplace participation of one month or more. If an agreement is for less than one month, the document shall be signed and maintained by the supervisor for record purposes, but is not required to be forwarded to the Flexiplace Coordinators. Employee shall receive a copy of the agreement.

QUALIFICATIONS

The employee volunteers to participate in the Flexiplace Work Program and to adhere to the applicable guidelines and policies included in this document and in the Partnership Agreement on FSA/RMA Flexible Workplace (Flexiplace) Program (PC agreement).

Dependent Care	Employee understands that Flexiplace is not a substitute for dependent care. Care for dependents outside the home or in the home by a third party must be provided during the employee's scheduled work hours.
Guidelines	The employee demonstrates motivation, independence, dependability and good time management skills in accomplishing work assignment.
Performance Rating	Employee must currently have a performance rating of at least fully successful.
Work Assignment	Flexiplace work shall be portable, measurable and able to be completed away from the official duty station without adversely affecting the workload of other employees, office coverage, or other mission of the work unit.

ADMINISTRATIVE POLICIES

In the event an employee must report to the official duty station during the workday, travel time from the alternative work site will be considered part of the tour of duty.

Time and Attendance	Employee's time and attendance will be recorded as if performing duties at the official duty station. Work Schedule Log (Form FSA-958) may be submitted telephonically, electronically, via US mail or in person in order to allow the timely processing of time and attendance records.
Work Schedule, Overtime, Pay, Leave and Other Personnel Issues	Rules concerning work schedules, overtime, pay, leave, core hours and other personnel issues apply to flexiplace employees as they do to on-site employees.
	The employee does not relinquish any entitlement to reimbursement for authorized expenses incurred while conducting business for the Government.

Continued on the next page

FFAS-10, Flexiplace Work Agreement (Continued)

**A
Example of
FFAS-10
(Continued)**

FFAS-10 (05-24-99)	
EMPLOYEE RESPONSIBILITIES	
Working at Home	An employee working at home is responsible for: <ul style="list-style-type: none"> • operating costs associated with working at home such as utilities, maintenance, insurance or any other incidental cost • obtaining necessary insurance coverage, business use permits, or variances etc. from local municipalities, home owners' association, etc.
Safeguarding Records	The employee will safeguard and protect Government/Agency records from unauthorized exposure or damage and will comply with Privacy Act requirements set forth in Privacy Act of 1974, Public Law 93-573, codified as Section 552a, Title 5 U.S.C.
Personal or Real Property Damage	The employee is 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 residence, except to the extent the Government is held liable for Federal Tort Claims Act claims or claims arising under the Military personnel and Civilian Employees Claims Act.
Government Equipment	Employee will protect the Government equipment in accordance with the procedures established in FIRM Bulletin 30, October 15, 1985, this agreement and the PC agreement. The employee is responsible for transporting the equipment to and from ITSD from their Flexiplace Work site.
Employee Equipment	If the employee provides equipment, he/she is responsible for servicing and maintaining it.
GOVERNMENT RESPONSIBILITIES	
Service and Maintenance of Government Equipment	The Government is responsible for servicing and maintaining Government owned equipment. Should Government equipment need repair or additional software employee must transport the equipment to and from ITSD.
Home Inspections	The Agency must provide the employee at least 24 hours advance notice to permit periodic home inspections by the Agency of their work site during normal work hours.
PERFORMANCE MANAGEMENT	
Failure to Comply with Flexiplace Agreement	Failure to comply with flexiplace provisions may result in loss of pay, termination of this flexiplace arrangement, and/or other appropriate disciplinary action.
Job Performance	Employee's job performance shall be held at the same standard as any employee who works at the official duty station and shall be evaluated by his/her immediate supervisor.
Maintaining Fully Successful Rating	A flexiplace employee must maintain a performance rating of at least fully successful. Failure to maintain a fully successful rating will result in re-evaluation of Flexiplace participation and may result in removal from the program.
Page 2 of 4	

Continued on the next page

FFAS-10, Flexiplace Work Agreement (Continued)

A
Example of
FFAS-10
(Continued)

REPRODUCE LOCALLY. Include form number and date on reproductions.

FFAS-10
 (05-24-99)

U.S. DEPARTMENT OF AGRICULTURE
 Farm and Foreign Agricultural Services

FLEXIPLACE WORK AGREEMENT

1. The following constitutes an agreement between:

Employee's Name: Jane A. Doe	Agency: RMA
Grade: GS-11	Division/Branch:
Title:	Telephone No.: (555) 111-2222
Supervisor's Name: James B. Smith	Telephone No.: (555) 111-3333

Employee volunteers to participate in the flexiplace program and to adhere to applicable Union Contract and/or Partnership Council Agreement guidelines and Agency policy. Agency concurs with employee's participation and agrees to the applicable guidelines and policies.

2. Employee requests the following type of flexiplace with the following beginning and ending dates:

Type of Flexiplace	Begin Date	End Date (NTE 1 Year)
Long-Term (Complete Item 4A also)	N/A	
Intermittent (Recurring Only) (Complete Item 4B also)	08-01-99	12-31-99
Short-Term Medical (Complete either Item 4A or 4B also depending on medical documentation.)	N/A	

NOTE: If applying for Short-Term Medical Flexiplace, a physician's statement, which includes the maximum number of hours the employee may work each workday, must be attached to the agreement.

3. Employee's Work Location:

Employee's Work Location	Employee's Alternate Work Site - Home or Telecommute Center
City/State: Spokane, WA	Address: 1234 Anywhere Lane, Spokane, WA
Telephone No.: (555) 111-2222	Telephone No.: (555) 222-4444
E-Mail Address: jane_doe	E-Mail Address: jane_doe@aol.com
FAX No.: (555) 111-5555	FAX No.: (555) 222-6666
Server (Contact your User Assistance Team (UAT)): DCN. 8	

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Continued on the next page

FFAS-10, Flexiplace Work Agreement (Continued)

A
Example of
FFAS-10
(Continued)

FFAS-10 (05-24-99)

4. Work Location Schedules:

A. Long Term: N/A

Scheduled Workdays Each Workweek	Week One Work Location	Week Two Work Location
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday*		
Sunday*		

*Available for short-term medical flexiplace only.

B. Intermittent Schedule - Describe employee work schedule:
(For example: Jane Doe will work at home 2 days every 3rd week of the month to complete monthly estimate reports).

Jane Doe will work at home 2 days per week while compiling written reports for her project.

5. Indicate hardware/software and/or telephone services required:

(✓) If you are requesting . . .	Then complete Form(s) . . .
<input type="checkbox"/> Desk top setup required on personal computer	FFAS-6, Flexiplace Hardware and Software Request (FFAS-6 not applicable to Pilot use of available laptops in your office.)
<input type="checkbox"/> Agency computer	
<input checked="" type="checkbox"/> Laptop	
<input type="checkbox"/> Software	
<input type="checkbox"/> Modem	
<input type="checkbox"/> Printer	
<input checked="" type="checkbox"/> Dial-in-Access (Use FCIC-586, RMA Security Access Authorization Form)	FFAS-13C, Local Area Network (LAN) Dial-In Access Authorization
<input type="checkbox"/> Phone Line	AD-700, Procurement Request (N/A)
<input type="checkbox"/> General calling card	
<input type="checkbox"/> FAX machine (Short-term medical)	

Employee should request any of the above through the appropriate contact. Indication on this form does not constitute a request for these services.

6. Indicate the type of work you will be doing on flexiplace. (For reporting purposes only - you may choose more than one.)

(✓) Type of Work
<input type="checkbox"/> Computer (programming, data-entry or word processing)
<input checked="" type="checkbox"/> Analytical
<input checked="" type="checkbox"/> Writing
<input type="checkbox"/> Telephone Intensive Tasks
<input type="checkbox"/> Planning/Project Management

7. Approvals:

Employee: /s/ Jane A. Doe	Date: 7/16/99
Supervisor: /s/ James B. Smith	Date: 7/19/99
HRD-Flexiplace Coordinator (only for short-term medical flexiplace):	Date:

Page 4 of 4

FFAS-7, Flexiplace Home Safety Checklist

A
Example of
FFAS-7

Following is an example of a completed FFAS-7.

REPRODUCE LOCALLY. Include form number and date on reproductions.

FFAS-7
(07/26/98)

U.S. DEPARTMENT OF AGRICULTURE
Farm and Foreign Agricultural Services

FLEXIPLACE HOME SAFETY CHECKLIST

PART A - GENERAL INFORMATION

1. FLEXIPLACE PARTICIPANT'S NAME, ALTERNATE WORK SITE, AND TELEPHONE NUMBER Gene Mitchell 1234 Winfall Lane Great Fall, VA (703) 555-2222	2. AGENCY/DIVISION/BRANCH FSA/HRD/DOB
3. EMPLOYEE'S OFFICIAL DUTY STATION, CITY, AND STATE Portals Building Washington, DC	4. FLEXIPLACE COORDINATOR'S NAME AND TELEPHONE NUMBER Miles Cotton (202) 555-8888
5. ALTERNATE WORKSITE ADDRESS 1234 Winfall Lane Great Fall, VA	6. DESCRIBE THE LOCATION OF DESIGNATED WORK AREA (if work site in participant's home.) Study

The following checklist is designed to assess the overall safety of the alternate worksite. Read, complete, and submit this form with the Equipment Checklist. Upon completion, the checklist should be signed and dated by the participating employee and their immediate supervisor. A copy of this document should be maintained by the supervisor.

PART B - CHECKLIST ITEMS

MARK "NA" IF NOT APPLICABLE	YES	NO
7. If asbestos containing material is present, is it undamaged and in good condition?	X	
8. Is the space free of indoor air quality problems, and the space adequately ventilated?	X	
9. Is the space free of noise hazards (in excess of 85 decibels)?	X	
10. Is there a potable (drinkable) water supply?	X	
11. In working at home, are you in compliance with municipal codes? Homeowner Association?	X	
12. Are lavatories available with hot and cold running water?	X	
13. Are all stairs with 4 or more steps equipped with handrails?	X	
14. Are all circuit breakers and/or fuses in the electrical panel labeled?		X
15. Do circuit breakers clearly indicate if they are in the open or closed position?	X	
16. Is all electrical equipment free of recognized hazards that would cause physical harm (frayed or loose wires, bare conductors, exposed wires)?	X	
17. Will the building's electrical system permit the grounding of electrical equipment?	X	
18. Are aisles, doorways, and corners free of obstructions to permit visibility and movement?	X	
19. Are file cabinets and storage closets arranged so drawers and doors do not open into walkways?	X	
20. Do chairs have any loose casters (wheels)? Are the rungs and legs of chairs sturdy?	X	
21. Are the phone lines, electrical cords, and extension wires secured under a desk or alongside a baseboard?	X	
22. Is the office space neat, clean and free of excessive amounts of combustibles?	X	
23. Are floor surfaces clean, dry, level, and free of worn or frayed seams?	X	
24. Are carpets well secured to the floor, and free of frayed or worn areas?	X	
25. EMPLOYEE'S SIGNATURE /s/ Gene Mitchell	DATE 7/30/xx	
26. SUPERVISOR'S SIGNATURE	DATE	

SPECIAL NOTE: SUPERVISORS ARE ENCOURAGED TO CONDUCT AN ON SITE INSPECTION FOR ANY EMPLOYEE CHECKING FIVE OR MORE "NO" ANSWERS. EMPLOYEES ARE RESPONSIBLE FOR INFORMING THEIR SUPERVISOR OF ANY SIGNIFICANT CHANGE TO WORKSITE.

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 726-2600 (voice and TDD). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 726-5964 (voice or TDD). USDA is an equal opportunity provider and employer.

FCIC-586, RMA Security Access Authorization Form

A
Example of
FCIC-586

Following is an example of FCIC-586.

REPRODUCE LOCALLY. Include form number and date on all reproductions.

FCIC-586 U. S. DEPARTMENT OF AGRICULTURE <small>(2-99) Federal Crop Insurance Corporation</small>		1. REQUEST DATE
RMA SECURITY ACCESS AUTHORIZATION FORM		INSTRUCTIONS: Please complete a separate form for each employee.
2. EMPLOYEE NAME		3. SOCIAL SECURITY NO.
a. LAST	b. FIRST	c. M.I.
4. PHONE NO. (Include Area Code)		5. FAX NO. (Include Area Code)

6. TYPE OF EMPLOYEE (Check as applicable):		7. LOGONID (If one has already been assigned to you)	
<input type="checkbox"/> RMA-WDC	<input type="checkbox"/> RMA-Compliance	Mainframes (NITC & NFC)	
<input type="checkbox"/> RMA-KC	<input type="checkbox"/> Contractor (Specify): >		
<input type="checkbox"/> RMA-RSO	<input type="checkbox"/> Other (Specify): ->		
8. JOB TITLE:			
9. REQUEST TYPE		10. AGENCY	11. OFFICE
<input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Change		12. DIVISION	13. BRANCH/SECTION
<i>If employee has transferred from another agency/office, please complete.</i>		14. NAME OF OFFICE TRANSFERRED FROM	15. START DATE
		16. END DATE	

SYSTEMS ACCESS INFORMATION (Check all applicable boxes)			
<input type="checkbox"/> SUN (Check below):		PC IP ADDRESS (List below): MANDATORY	
<input type="checkbox"/> KCSUN01	<input type="checkbox"/> KSSUN	<input type="checkbox"/> OKSUN	<input type="checkbox"/> MN01SUN
<input type="checkbox"/> CASUN	<input type="checkbox"/> MOSUN	<input type="checkbox"/> TXSUN	<input type="checkbox"/> MN02SUN
<input type="checkbox"/> GASUN	<input type="checkbox"/> MSSUN	<input type="checkbox"/> WASUN	<input type="checkbox"/> WEBSERVER
<input type="checkbox"/> ILSUN	<input type="checkbox"/> MTSUN	<input type="checkbox"/> SPAIN	<input type="checkbox"/> OTHER
<input type="checkbox"/> INSUN	<input type="checkbox"/> NCSUN	<input type="checkbox"/> KCPUB01 (Baby SUN)	
<input type="checkbox"/> INFORMIX DATABASE(S)		CLIENT ONLY	
<input type="checkbox"/> INFORMIX TABLE(S)		<input type="checkbox"/> Connect	<input type="checkbox"/> Resource
<input type="checkbox"/> INFORMIX ENVIRONMENT		<input type="checkbox"/> DBA	
<input type="checkbox"/> PRD	<input type="checkbox"/> TST	<input type="checkbox"/> DVLP	
GROUPS: (Ex: FOSD, FOSOTST, Operator, RAS, AFS, Etc.)		<input type="checkbox"/> PRIMARY	<input type="checkbox"/> SECONDARY
LAN		SERVER:	GROUPS (List below):
CC:MAIL		POST:	
IDMS DATA BASE			
National Finance Center - Submit Form FSA-13-B			
NITC (Mainframe)		<input type="checkbox"/> TSOC	
		<input type="checkbox"/> TSOK	
		<input type="checkbox"/> Other (List) >	
<input type="checkbox"/> OTHER ACCESS (List/Explain - If more space needed, use reverse):			

<input type="checkbox"/> PURPOSE FOR ACCESS	
<i>(If more space needed, use reverse):</i>	
17. SIGNATURE OF EMPLOYEE'S SUPERVISOR	DATE
18. APPLICATION OWNER:	DATE
19. SECURITY LIAISON REPRESENTATIVE:	DATE

SECURITY STAFF USE ONLY			
20. ACCESS (Check one)		SECURITY OFFICER SIGNATURE	
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved			
21. SECURITY STAFF TRACKING NO.			
22. FORWARDED TO DBA		23. FORWARDED TO LAN/ CC:MAIL ADM.	
24. FORWARDED TO SUN ADM.		25. FORWARD TO NITC/NFC	
26. USER NOTIFIED		27. DATE	
28. NEW LOGONID ASSIGNED			

For assistance, contact the KCMO-Security Staff at 816-926-7320 or FAX 816-926-6460

Continued on the next page

FCIC-586, RMA Security Access Authorization Form (Continued)

**A
Example of
FCIC-586
(Continued)**

FCIC-586 (REVERSE)
OTHER ACCESS (Continuation from front):

PURPOSE FOR ACCESS (Continuation from front):

BLOCK NO.	COMPLETION INSTRUCTIONS
1	Date of request.
2	Employee's name (include middle initial , as applicable).
3	Employee's social security number (mandatory).
4	Employee's phone number (including area code) or the number of some other contact person.
5	FAX number where information can be sent to the employee.
6	Type of employee (if not listed, check "other" and specify).
7	Logonid (if one has already been assigned).
8	Enter job title of employee.
9	Check appropriate action to be taken for the requested service.
10	Agency (e.g., RMA, etc.)
11	Office (e.g., KC, DC, St. Paul RSO, etc.)
12	Division (e.g., Finance, Actuarial, etc.)
13	Branch/Section
14	If employee has transferred from another office, show name of office transferred from.
15	Enter the date employee starts.
16	Enter ending date of employee.
17	Employee's Supervisor's signature and date.
18	Application Owner's signature and date.
19	Security Liaison Representative's signature and date.
20 thru 28	Completed by Security Staff