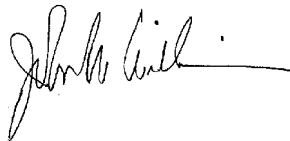


For: FSA State Office Employees

Pilot FSA Flexiplace Program for State Office Employees

Approved by: Deputy Administrator, Management



1 Overview

A Background

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

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

On October 23, 2000, Pub. L. 106-346, Section 359, instructed Federal agencies to extend the opportunity to Flexiplace to all eligible Federal employees.

A pilot Flexiplace Program is now available for FSA State Office employees.

B Purpose

This notice:

- announces that DAFO has approved a pilot FSA Flexiplace Program for State Office employees
- provides policy and guidance for the pilot FSA Flexiplace Program
- provides procedures for applying for the pilot FSA Flexiplace Program.

C Duration of Pilot FSA Flexiplace Program

The pilot FSA Flexiplace Program will run from 1 year from the effective date of this notice.

Disposal Date	Distribution
July 1, 2004	All State Office employees

1 Overview (Continued)

D Labor Management Obligations

Where exclusive representation exists, bargaining may be requested to the extent allowed by applicable statutes. Where contract language already addresses these policies and procedures for bargaining unit employees, contract language prevails.

E Contact

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

2 Evaluation

A Evaluation Timeframe

The FSA State Office pilot Flexiplace Program will be evaluated 1 year from the date of this notice.

B State Office Action

State Offices shall:

- maintain a copy of all Flexiplace agreements and submit a copy to the FFAS Flexiplace Coordinator, see subparagraph 10 A
- document all Flexiplace agreements that are terminated and the reasons why and submit them to the FFAS Flexiplace Coordinator
- notify FFAS Flexiplace Coordinator of any barriers to Flexiplace in their office

Example: Barriers may include telecommunication issues, lack of equipment, etc.

- supply requested information for reports when requested by the FFAS Flexiplace Coordinator.

C HRD Responsibilities

HRD shall:

- provide guidance to State Offices on all Flexiplace matters
- maintain accurate records of Flexiplace participants
- compile requested data from State Offices for reports
- evaluate the pilot FSA Flexiplace Program and recommend any necessary changes.

3 Definitions

A Definition of Flexiplace

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

Note: Employees may also work from USDA Service Centers, provided the space belongs to FSA.

B Definition of Interagency Telecenter

Interagency telecenters are alternative worksites in facilities generally shared by 2 or more agencies that provide space for employees. Telecenters are usually located in metropolitan areas.

Employees may review a list of Interagency Telecenters at <http://www.opm.gov/telework/>.

4 Pilot FSA Flexiplace Program Requirements

A Eligible Employees

Eligible employees include the following:

- State Office employees, except those listed in subparagraph B
- employees assigned to and who report directly to the National Office, but whose duty station is not the National Office.

Note: DD's and COR's/appraisers are eligible for intermittent flexiplace only.

B Ineligible Employees

The following employees are **not** eligible to participate in the pilot FSA Flexiplace Program:

- SED's
- Administrative Officers or Assistant Administrative Officers
- Federal employees located in County Offices or loan servicing centers
- County Office employees.

Note: County Office employees are not included in the pilot FSA Flexiplace Program. The majority of County Office work is not portable; therefore the employees would be ineligible.

4 Pilot FSA Flexiplace Program Requirements (Continued)

C Policy Statement

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

Under an approved 1 year pilot, eligible employees may port their job. This program is not an entitlement. The employee’s job must meet all the Flexiplace criteria as outlined in subparagraph E.

Hoteling: FSA reserves the right to combine office space for employees out of the office for more than 3 days per week whether on Flexiplace or a flexible work schedule.

D Types of Flexiplace

The following are the 2 types of Flexiplace.

Type of Flexiplace	Description
Intermittent	A work schedule that does not follow a regular weekly schedule. Usually associated with a project or 1-time work assignment.
Long-Term	A work schedule that generally includes at least 1 day a week at the alternate work site.

Note: Short-term medical Flexiplace is not part of the pilot FSA Flexiplace. Contact the FFAS Flexiplace Coordinator for more on short-term medical flexiplace information.

E Work Requirements

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

- work must be portable
- work must be measurable
- not adversely affect the workload of other employees, office coverage, or the mission of the work unit.

4 Pilot FSA Flexiplace Program Requirements (Continued)

E Work Requirements (Continued)

The types of work suitable for Flexiplace depend on specific portable job tasks. Jobs that require the following types of skills may be considered good candidates for Flexiplace:

- require thinking and writing, such as data analysis reviewing voluminous documents, and writing decisions, reports, or handbook amendments
- requires telephone-intensive task, such as setting up conferences or obtaining information
- developing training courses
- computer-oriented tasks, such as programming, data entry, and word processing.

F Employee Qualifications

To be considered for Flexiplace, an employee shall:

- have a performance rating of at least “results achieved” or the equivalent for the past 2 years
- demonstrate motivation, independence, and dependability in accomplishing work assignments
- not need to have regular face-to-face contact with others
- have good time management skills
- be engaged in work that can be performed successfully offsite.

5 Responsibilities

A Approval Authority

SED's shall approve all Flexiplace requests except short-term medical requests. HRD has final approval on short-term medical Flexiplace requests. Flexiplace requests shall be approved or disapproved based on employee and work eligibility as outlined in this notice.

B Supervisory Responsibilities

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

- office staff and 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
- cyclical work does not present a problem
- security and confidentiality of data can be adequately ensured
- off-site work assignments are not classified.

C Supervisor Action

All supervisors shall communicate to eligible employees any additional guidelines that employees must follow to make Flexiplace as seamless as possible. Supervisory guidelines must comply with the guidelines of this notice. Supervisors may wish to include the following in their guidance:

- how tasks performed off site are to be communicated and measured
- preference, if any, of alternate worksite

Example: Employee's must work at a Telecommuting Center instead of their residence.

- expectations on whether phone calls will be forwarded or if employees can work from voice mail messages
- expectations if problems at the alternate worksite prevent employees from working, such as dial-in access is down.

Note: This list is not meant to be all inclusive.

5 Responsibilities (Continued)

D Employee Responsibilities

Employees shall:

- sign and follow the terms and conditions of FSA-10
- maintain productivity and customer service
- 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

Note: This includes, but is not limited to, ensuring that the electrical system and safeguards are adequate to protect Agency computers, printers, and other equipment.

- request necessary Agency services and equipment for their Flexiplace arrangement
- ensure, upon the completion of or removal from the Flexiplace agreement, the disconnection of Agency services
- properly return Agency equipment.

6 Pilot FSA Flexiplace Program Agreement

A Purpose of FSA-10

FSA-10 (Exhibit 1) is a written agreement that:

- outlines details of the pilot FSA Flexiplace Program
- certifies that the employee has read and understands the elements of this notice
- must be signed before the employee begins working offsite.

B Length of FSA-10

FSA-10:

- may cover any period of time up to and including 6 months
- is required for all Flexiplace agreements.

Note: A new FSA-10 shall be signed if an agreement is extended past 6 months.

6 Pilot FSA Flexiplace Program Agreement (Continued)

C Changing FSA-10

Employees **must** submit a new FSA-10 any time there is a permanent change to their Flexiplace work schedule. This is especially important when using an Interagency Telecenter because the information must be tracked for budget purposes.

7 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 work site from 1 to 2 days a week.
- 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 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.

C Measurement of Work

The employee, in consultation with the supervisor, shall determine the best method of measuring work performed offsite.

Example: Employee shall submit tasks to be performed offsite at least 1 day before working Flexiplace. Employee shall submit a list of completed tasks by COB of the following business day.

7 Preliminary Requirements (Continued)

D Home Inspections

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

- 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)
- an onsite inspection.

Note: Employees shall be given adequate notice before onsite inspection is conducted.

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 work hours, unless an in-home care provider is present.

8 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 pilot FSA Flexiplace Program.

B Overtime and Credit Hours

Employees on a pilot FSA Flexiplace Program agreement may not earn compensatory or credit hours while at the alternate worksite.

C Pay and Leave

Rules on pay and leave administration apply to Flexiplace employees.

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 State Office's schedule.

8 Personnel Rules That Apply to Flexiplace Program (Continued)

E Emergency Dismissals

A Flexiplace employee is affected the same as his or her regular office in the event of an emergency dismissal.

F Official Duty Station

The Flexiplace employee's official duty station is the 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.

Example: An employee works in the Virginia State Office and the duty station is Richmond, Virginia. The employee is approved for the Flexiplace Program and now works 2 days a week from the employee's home in Fredericksburg, Virginia. The employee's official duty station is still Richmond, Virginia.

G 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.

The same performance standards apply to Flexiplace employees and onsite employees who perform the same tasks.

H Time and Attendance

Supervisors shall continue to:

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

I 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.

J 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.

8 Personnel Rules That Apply to Flexiplace Program (Continued)

K Liability

Agencies are **not** 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.

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

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

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

L Requesting Special Accommodations

Requests for special accommodations shall 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 the pilot FSA Flexiplace Program.

9 Removing Employees From the Pilot FSA Flexiplace Program

A 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 work place adjustments to be made.

Management may remove an employee from the pilot FSA 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.

The supervisor and employee shall make a bonafide effort to work out specific problems before any decision is made to remove the employee from the Flexiplace program.

9 Removing Employees From the Pilot FSA Flexiplace Program (Continued)

A Removing Employees From Flexiplace (Continued)

Terminating participation, unless voluntary, must be based on business reasons and documented with employee's FSA-10.

Upon termination of Flexiplace, the employee shall return to the regular worksite.

B Responsibilities Upon Termination of Flexiplace Agreement

The Administrative Officer shall notify the following upon termination of a Flexiplace agreement:

- Designated Agency Representative, see subparagraph 12 D
- Flexiplace Coordinator, see subparagraph 10 A
- Information Systems Security Program Manager (ISSPM) at 816-926-6537 or FAX FFAS-13C to 816-926-6090 and ENTER "Delete" in Box 2, Request Type.

10 Applying for Flexiplace

A Completing FSA-10

To participate in the pilot FSA Flexiplace Program, an employee shall:

- meet the requirements in paragraph 7
- complete FSA-10
- obtain SED approval on FSA-10
- forward a copy to:

SUSAN BROWN
FSA HRD PMBAB STOP 0595
1400 INDEPENDENCE AVE SW
WASHINGTON DC 20250-0595

or

FAX a copy to 202-418-9129.

B Completing FFAS-7

Employees who want to work offsite in their homes must:

- complete FFAS-7 (Exhibit 2)
- attach FFAS-7 to FSA-10.

10 Applying for Flexiplace (Continued)

C Obtaining a Copy of the Application Package

Employees may use any of the following sources to obtain copies of the forms required in the application package:

- access the FFAS Employee Forms Online Intranet website from the FSA Intranet at <http://intranet.fsa.usda.gov/>
- access the FSA HRD website at <http://dc.ffasintranet.usda.gov/hrd/flexipla.htm>
- contact Susan Brown on 202-418-9039 or TDD 202-418-9116.

D Applying Through iCAMS

A self-service module on Flexiplace is currently being developed. Once completed, employees will apply or reapply for Flexiplace through iCAMS. More information will follow once the module is complete.

11 Computer Equipment

A Policy

Employees may only use Government-owned computers to participate in the pilot FSA Flexiplace Program. Employees may **not** use their personal equipment.

B Lap Tops

Employees that already use a lap top or have access to a lap top in their State Office are encouraged to use them for the pilot FSA Flexiplace Program.

C Surplus Computers

DAFO has designated 50 surplus computers for pilot participants. The surplus computers will be assigned on a first-come/first-service basis. Additional requests will be put on a waiting list until a machine becomes available.

Approved eligible employees who need a Government computer to participate in the pilot FSA Flexiplace Program should contact Ragh Singh at rsingh@usda.gov.

11 Computer Equipment (Continued)

D Dial-In Instructions for XP


The following are dial-in instructions to the FSA Intranet and e-mail from an XP workstation. Employees should follow these instructions carefully.

These instructions assume:

- a modem is installed on a communications port

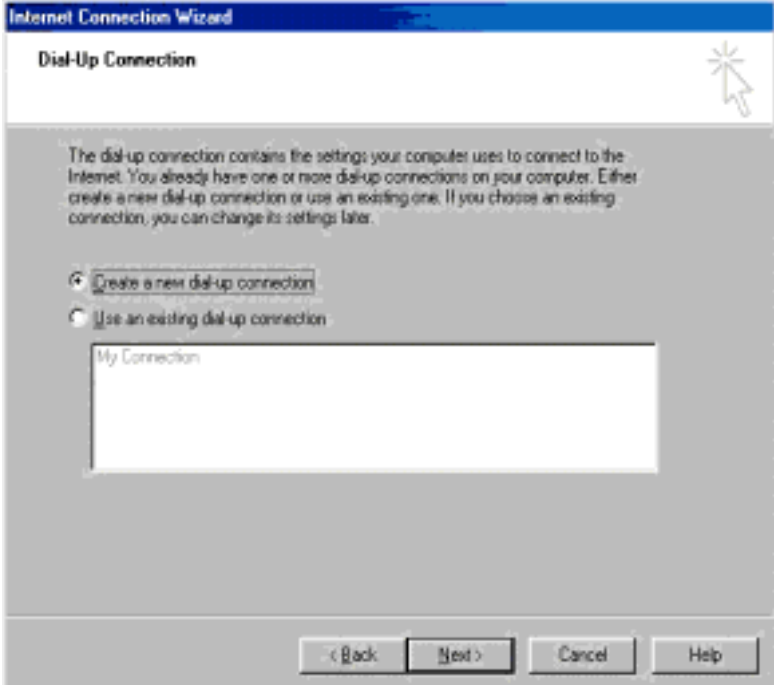
Note: If there is no modem, 1 must be installed.

- the employee is logged on to a computer with Administrator rights.

Step	Action
1	Click "Start".
2	Click "Run".
3	In the white textbox, ENTER "inetwiz".
4	<p>Click "OK" and the following will be displayed.</p>  <p>Select "Connect using my phone line" and click "Next".</p>

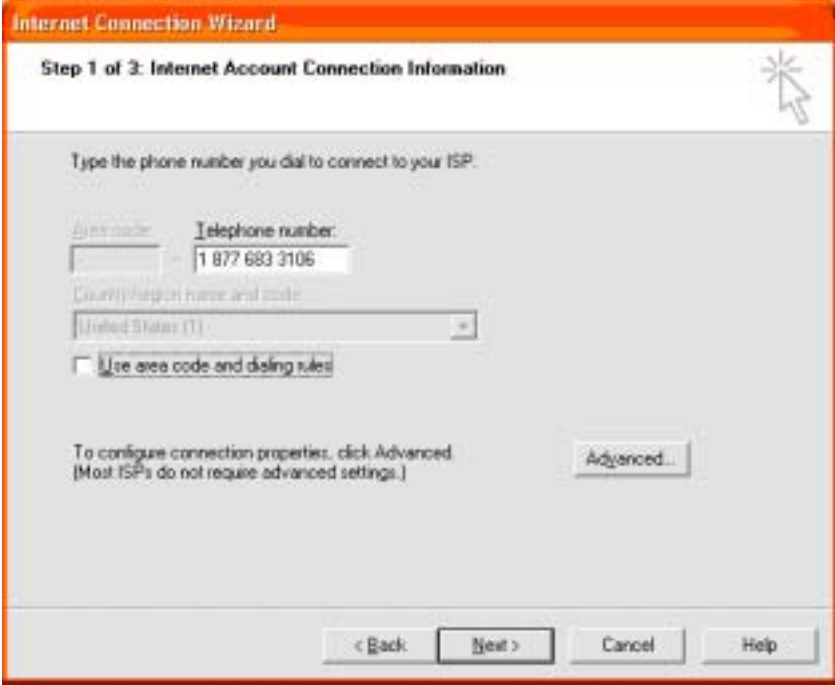
11 Computer Equipment (Continued)

D Dial-In Instructions for XP (Continued)

Step	Action
5	<p>Select “Create a new dial-up connection” and click “Next”.</p> 

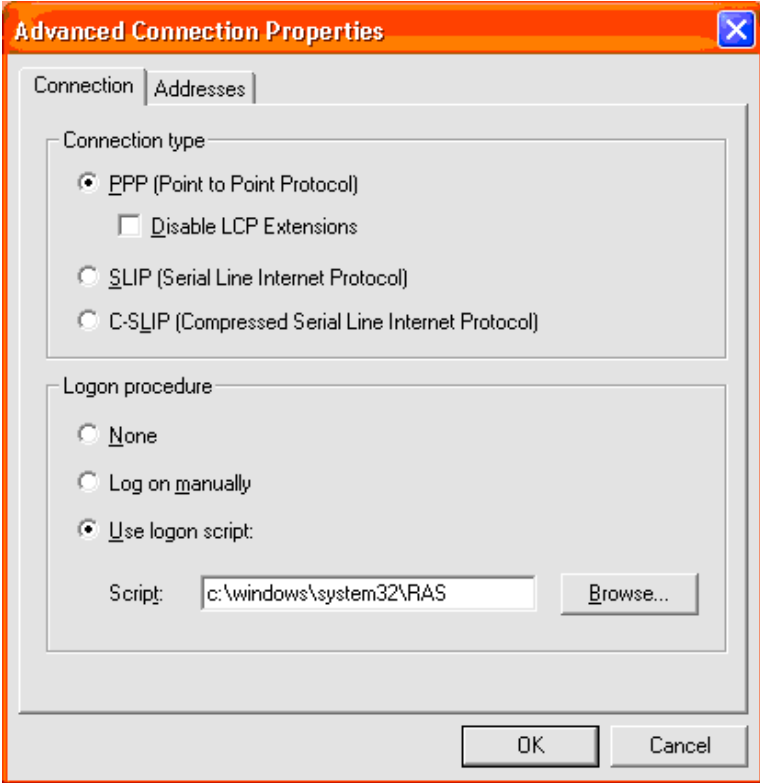
11 Computer Equipment (Continued)

D Dial-In Instructions for XP (Continued)

Step	Action
6	<p>Enter the toll-free telephone number “1 877 683 3106”.</p> <p>Notes: A “9” may have to be placed in front of the toll-free telephone number to get an outside line depending on the location.</p> <p>Ensure that the “Use area code and dialing rules” box is not checked.</p>  <p>Click “Advanced”.</p>

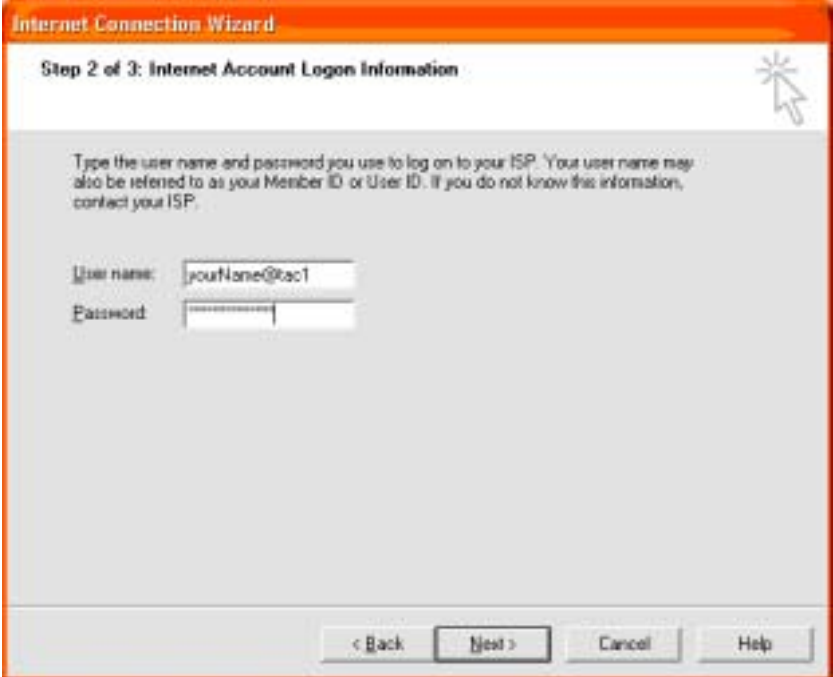
11 Computer Equipment (Continued)

D Dial-In Instructions for XP (Continued)

Step	Action
7	<p>A logon script will be used to automate the login process.</p> <p>Select “Use logon script”. ENTER “c:\windows\system32\ras\ppptac02.scp” in the Script box.</p>  <p>Click “OK” to continue.</p>

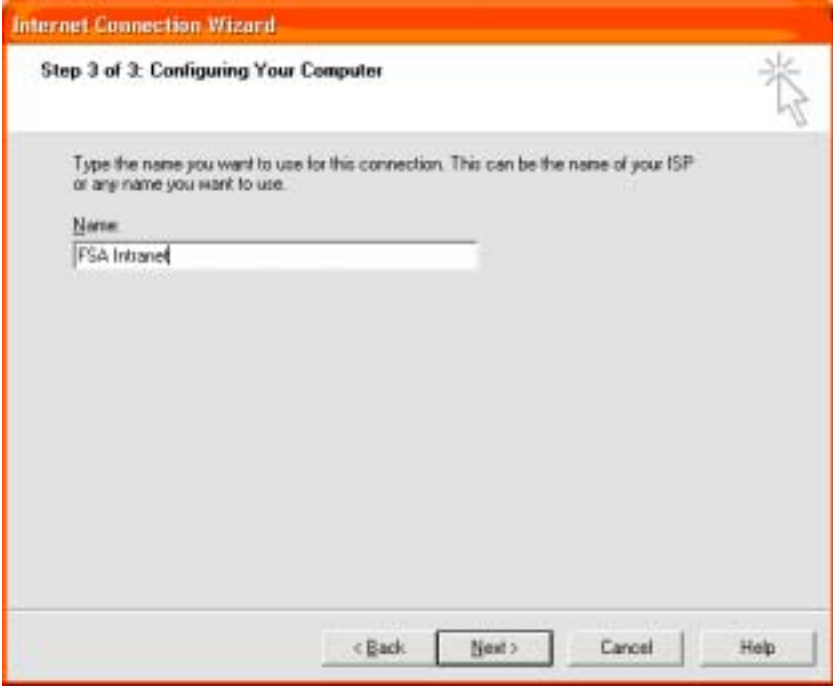
11 Computer Equipment (Continued)

D Dial-In Instructions for XP (Continued)

Step	Action
8	<p>Enter the “User name” and “Password”.</p> <p>Note: Attach “@tac1” to the user name as shown.</p>  <p>Click “Next” to continue.</p>


11 Computer Equipment (Continued)

D Dial-In Instructions for XP (Continued)

Step	Action
9	<p>Name the connection "FSA Intranet" as shown.</p>  <p>Click "Next" to continue.</p>

11 Computer Equipment (Continued)

D Dial-In Instructions for XP (Continued)

Step	Action
10	<p>Select “No” to the question, “Do you want to set up an Internet mail account now?”.</p> <p>Click “Next”.</p> <p>Click “Finish” to be ready to explore the FSA Intranet and Internet.</p>  <p>Note: For instructions on setting up Outlook Mail, refer to the Windows XP Workstation System Administration Guide, Chapter 5.6.</p>

11 Computer Equipment (Continued)

E Dial-In Instructions for NT

Employees will have access to their e-mail and the FSA Intranet through dial-up. Employees are encouraged to work from disks or CD's when necessary.

The following are dial-up instructions for NT.

Notes: The following must be completed before access to dial-up is available.

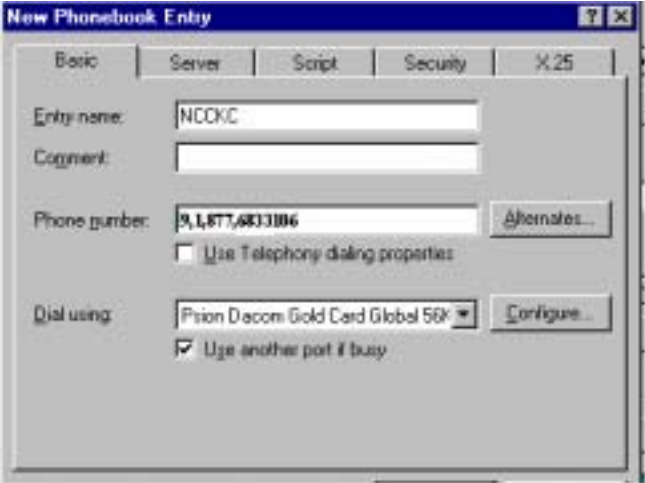
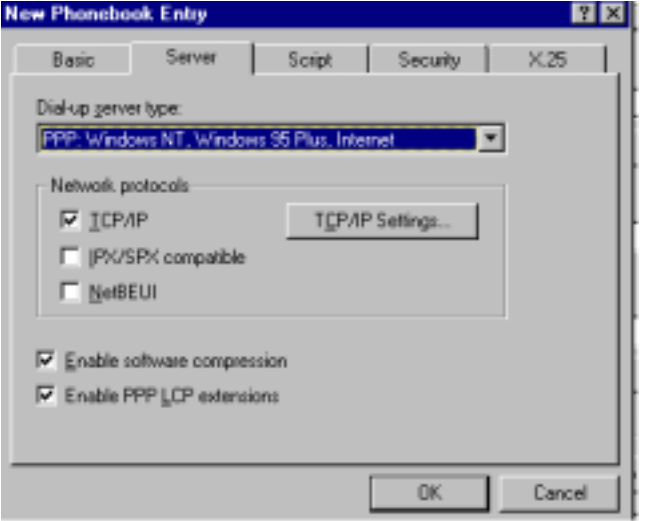
- Dial-up networking with the Microsoft TCP/IP stack has been installed and configured on the Windows NT PC.
- The script file "ppptac02.scp" has been copied to C:WINNT\System32\ras.
- The employee has a valid userID and password on TAC1, the FSA Authentication Server.

Note: If an TAC1 account is needed, complete FSA-13-C (Exhibit 3) which is available on the FSA Intranet at <http://165.221.16.90/DAM/ffasforms/forms.html>.

Step	Action
1	Double-click "My Computer" and My Computer Screen will be displayed.
2	On My Computer Screen, double-click "Dial-Up Networking" and Dial-Up Networking Screen will be displayed.
3	On Dial-Up Networking Screen, click "New" and New Phonebook Entry Screen will be displayed.

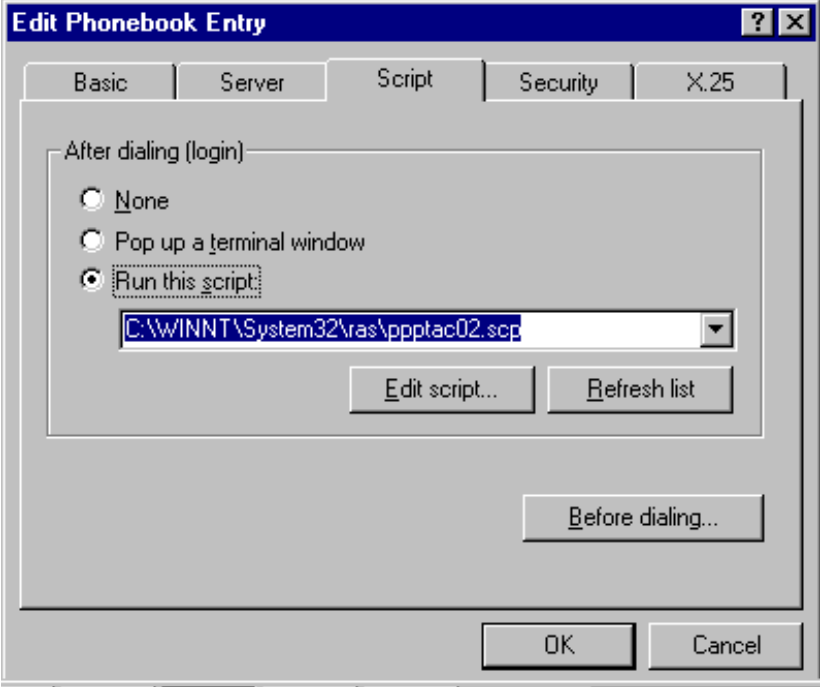
11 Computer Equipment (Continued)

E Dial-In Instructions for NT (Continued)

Step	Action
4	<p>On New Phonebook Entry Screen:</p> <ul style="list-style-type: none"> • enter the following: <ul style="list-style-type: none"> • “NCCKC” for “Entry name” • “9,1,877,6833106” for “Phone number”. <p>Notes: Adjust the phone number for local settings.</p> <p>Modem types vary for “Dial using”.</p> <p>Example:</p>  <ul style="list-style-type: none"> • click “Server” and verify settings. <p>Example:</p> 

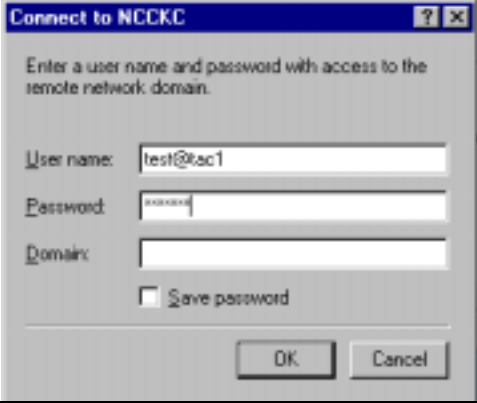
11 Computer Equipment (Continued)

E Dial-In Instructions for NT (Continued)

Step	Action
<p>4 (Cntd)</p>	<ul style="list-style-type: none"> • click the following: <ul style="list-style-type: none"> • “Script” • “Run this script:” • highlight “C:\WINNT\System32\ras\PPPTAC02.SCP” • click “OK”. <p>Example:</p> 
<p>5</p>	<p>On Dial-Up Networking Screen, click “Dial”.</p>

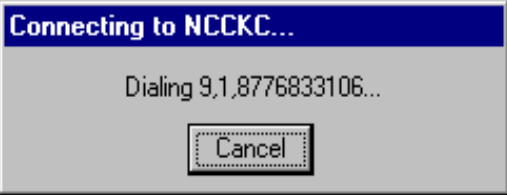
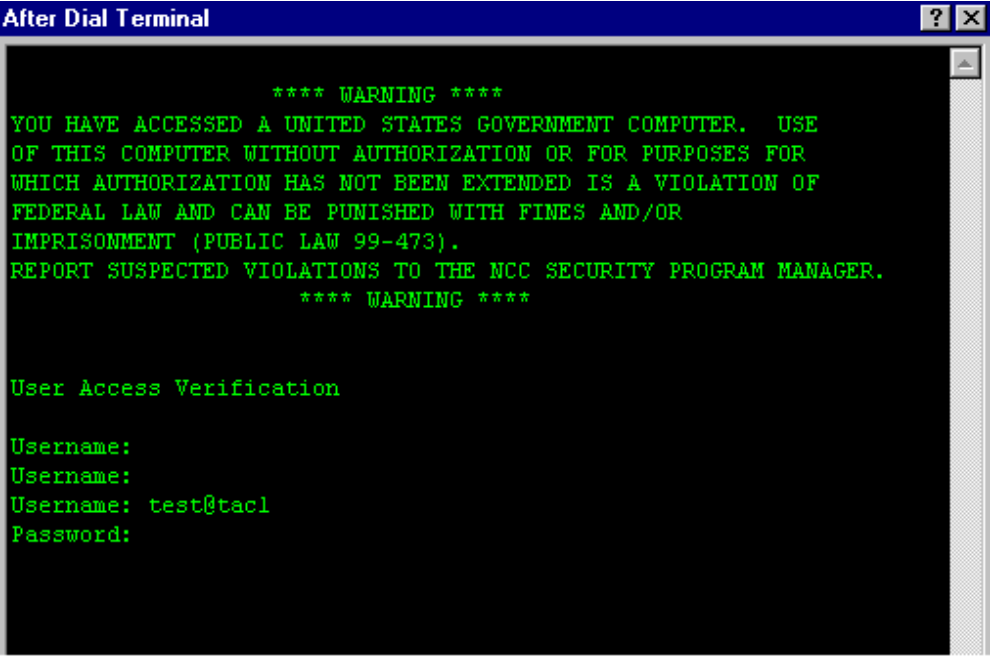
11 Computer Equipment (Continued)

E Dial-In Instructions for NT (Continued)

Step	Action
6	<p>On Connect to NCKKC Screen, enter the following:</p> <ul style="list-style-type: none"> • userID@tac1 • password. <p>Note: Security regulations recommend against checking “Save password”.</p> <p>Example:</p> 


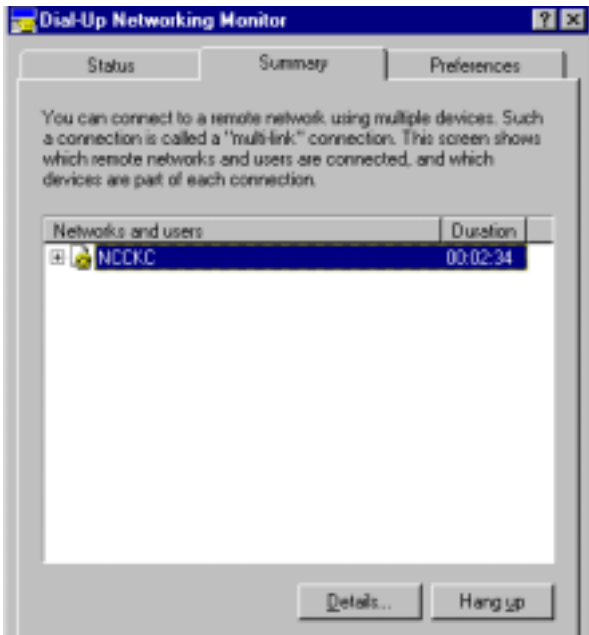
11 Computer Equipment (Continued)

E Dial-In Instructions for NT (Continued)

Step	Action
7	<p>The following 2 screens will be briefly displayed.</p>  <p>The first screenshot shows a dialog box titled "Connecting to NCCKC...". The text inside reads "Dialing 9,1,8776833106...". There is a "Cancel" button at the bottom.</p>  <p>The second screenshot shows a terminal window titled "After Dial Terminal". The text displayed is as follows:</p> <pre> **** WARNING **** YOU HAVE ACCESSED A UNITED STATES GOVERNMENT COMPUTER. USE OF THIS COMPUTER WITHOUT AUTHORIZATION OR FOR PURPOSES FOR WHICH AUTHORIZATION HAS NOT BEEN EXTENDED IS A VIOLATION OF FEDERAL LAW AND CAN BE PUNISHED WITH FINES AND/OR IMPRISONMENT (PUBLIC LAW 99-473). REPORT SUSPECTED VIOLATIONS TO THE NCC SECURITY PROGRAM MANAGER. **** WARNING **** User Access Verification Username: Username: Username: test@tacl Password: </pre>

11 Computer Equipment (Continued)


E Dial-In Instructions for NT (Continued)

Step	Action
8	<p>The dialer will minimize in the System Tray after connecting.</p>  <p>Modem Icon</p> <p>Double-click the modem icon to display the following screen.</p>  <p>Click "Hangup" to disconnect.</p>

11 Computer Equipment (Continued)

F Changing Dial-Up Session Settings for NT

Change the dial-up session settings according to the following.

Step	Action
1	Double-click "My Computer" and My Computer Screen will be displayed.
2	On My Computer Screen, double-click "Dial-Up Networking" and Dial-Up Networking Screen will be displayed.
3	<p>On Dial-Up Networking Screen:</p> <ul style="list-style-type: none"> • select the session • click "More" • click "Edit entry and modem properties". <p>Edit Phonebook Entry Screen will be displayed.</p> <p>Example:</p> 
4	<p>On Edit Phonebook Entry Screen, click "Security".</p> <p>If the password was saved, click "Unsave password".</p> <p>Note: The next time the session is opened, the userid and password can be changed.</p> <p>Click "OK".</p>

G Dial-Up Help

Contact the National Help Desk at 1-800-255-2434 for help with dial-up issues.

12 Telecommunications

A Government Telephone Lines

The Federal Government will not pay for existing private telephone lines for flexiplace use.

Participants are eligible for 1 government telephone line for flexiplace use. Installation, monthly line costs, and call forwarding charges shall be funded by State Offices. No long distance charges shall be made on the government telephone lines. If long distance charges are required, the participant should use a government calling card. See subparagraph D.

The government line may be used for either dial-up service or to receive office calls that have been forwarded from their regular worksite through call forwarding. The government line is to be used for official business only.

Government telephone lines will not be installed at Telecommuting Centers. Telephone lines are already available at Telecommuting Centers and their costs are included in the centers' monthly charge.

Employees do not have to receive an extra telephone line. Employees only receive a government telephone line if requested.

In most cases, the employee or a family member will be required to be present for installing the line. If the employee is required to be at home, that day is considered 1 of his or her flexiplace days. The employee:

- should plan for work that can be accomplished off-line
- does not have to take leave.

B Requesting a Government Telephone Line

Participants shall request a government telephone line through their Administrative Officer (AO) and/or State Information Technology (IT) personnel.

AO's or State IT personnel shall obtain a local government telephone line for flexiplace pilot participants according to the following.

Step	Action
1	Place the order with local exchange carrier (LEC) to obtain a "commercial business" line for the employee's residence.
2	Request LEC to create a new account for these numbers using the billing address of the State Office. Do not send bill to NFC. Bill should be sent to NFC for payment only after it has been reviewed for proper charges by the State Office. Note: A separate account accommodates budget requirement for ease of tracking and accounting.

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12 Telecommunications (Continued)

B Requesting a Government Telephone Line (Continued)

Step	Action
3	<p>Create an online AD-474 to create an account at NFC.</p> <p>AD-474:</p> <ul style="list-style-type: none">Block C, Service Location, should be completed with the flexiplace employee's name and address, not the name and address of the State OfficeBlock F, Accounting Classification, should be completed as follows:. <p>Government telephone lines for flexiplace only shall be charged as "484XXX8401A008."</p> <p>4 = Fiscal Year 84 = Fund XXX84 = State organization code found in 98-FI, Exhibit 11 01 = Subobject code (used with BOC 2321) A008 = Project code tracking flexiplace usage and cost</p> <p>Note: The project code is intentionally different than the usual code for telecommunication costs (0740).</p>
4	<p>Once the telephone number has been assigned, contact the FSA Designated Agency Representative (DAR). See subparagraph D and provide the new telephone number for DAR database update.</p>

C Canceling Government Telephone Line

To cancel the government telephone line, AO and/or State IT personnel should contact the following:

- LEC and order disconnection of service
- DAR and request removal of telephone number from database.
- NFC and submit AD-474 canceling account.

12 Telecommunications (Continued)

D Government Calling Cards

All long distance calls made for official government business during the flexiplace pilot shall be completed using a Government calling card.

All telephone calls made using the Government calling card will be monitored using the FTS Call Detail Report. This report includes the following:

- telephone number(s) called
- date and time of cal
- duration of the call
- cost of the call.

E Requesting Government Calling Cards

The Flexiplace employee shall request through the authorizing official (i.e. SED, AO, or IT personnel) a FTS calling card for domestic calls.

FSA Offices shall submit, through e-mail or FAX, their request for voice and data communications (including long distance, calling cards, etc.) to their assigned DAR as described below.

Area	Contact Person	Contact Telephone Number	Contact FAX Number
Northeast	Bobbie Budgett	816-926-6465	816-448-5650
Northwest	Horace Gorton Ron Rockel	816-926-3478 816-823-1540	816-823-1982
Midwest	Dianne Hord Patrice Bryant	816-926-6013 816-926-3786	
Southeast	Joe Avila	816-823-1960	
Southwest	Becki Schreckenghaust Lynn Oliphant	816-926-5028 816-926-1395	

12 Telecommunications (Continued)

F Unauthorized Use of Government Calling Cards

The Federal Information Resources Management Regulations does not allow private/personal long distance calls to be made on a Government calling card.

While working at home, all personal long distance calls must be made at the Flexiplace employee's expense. Unauthorized calls are prohibited and will be billed to the employee. Continued unauthorized calls maybe classified as fraud and abuse and result in extreme employee disciplinary action.

13 Office Equipment, Supplies, and Material

A Office Equipment

FSA does not provide office equipment for Flexiplace participants.

Example: Example of office equipment includes, but is not limited to, the following:

- cabinet
- chair
- desk.

B Supplies and Materials

FSA will provide supplies and materials for Flexiplace participants.

Example: Example of supplies and material includes, but is not limited to, the following:

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

Order all supplies and materials from the employee's work unit through normal procurement procedures.

FSA-10, Flexiplace Work Agreement

Example of FSA-10

The following is an example of a completed FSA-10.

This form is available electronically.

FSA-10 (07-16-03)	U.S. DEPARTMENT OF AGRICULTURE Foreign Agricultural Services	
FSA STATE OFFICE PILOT FLEXIPLACE WORK AGREEMENT		
1. The following constitutes an agreement between:		
Employee's Name: Smith, John A	State/Branch/Section: VA/Farm Loan Section	
Social Security No.: 111-22-3333	Grade/Title: GS-11	
Position and title: Farm Loan Officer	Telephone No.: (Include Area Code) (222) 333-1111	
Supervisor's Name:	Supervisor's Telephone No.: (Include Area Code)	
2. Employee requests the following type of flexiplace with the following beginning and ending dates:		
Type of Flexiplace	Begin Date	End Date
Long-Term	09/02/03	03/02/04
Intermittent (Single Use or Recurring)		
Medical		
3. Employee's Alternate Work Location:		
Select:	Address:	Telephone No.: (Include Area Code) FAX No.: (Include Area Code)
<input checked="" type="checkbox"/> Home	123 Any Place Drive Hometown, VA 00000	(222) 333-4444 (222) 333-5555
<input type="checkbox"/> Telecommuter Center		E-Mail Address: (If different from work e-mail address) smith_john@usda.gov
4. Alternate Work Location Schedules:		
A. Long Term With A Fixed Schedule:		
Scheduled Workdays Each Workweek	Week One Work Location	Week Two Work Location
Monday	ODS	ODS
Tuesday	AWS	AWS
Wednesday	ODS	ODS
Thursday	ODS	ODS
Friday	ODS	ODS
Saturday*		
*Available for 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).		
5. Approvals: Employee volunteers to participate in the flexiplace program and to adhere to applicable Union Contract, guidelines, and Agency policy. Agency concurs with employee's participation and agrees to the applicable guidelines and policies.		
Employee: /s/ John A. Smith	Date:	08/25/03
Supervisor: /s/ Jane B. Doe	Date:	08/25/03
HRD-Flexiplace Coordinator (only for medical flexiplace):	Date:	
<small>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) 720-2600 (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) 720-5964 (voice or TDD). USDA is an equal opportunity provider and employer.</small>		

FFAS-7, Flexiplace Home Safety Checklist

Example of FFAS-7

The following is an example of FFAS-7.

REPRODUCE LOCALLY. Include form number and date on reproductions.

FFAS-7 (06-01-99)	U.S. DEPARTMENT OF AGRICULTURE Farm and Foreign Agricultural Services	
FLEXIPLACE HOME SAFETY CHECKLIST		
PART A - GENERAL INFORMATION		
1. FLEXIPLACE PARTICIPANT'S NAME, ALTERNATE WORKSITE, AND TELEPHONE NUMBER John Doe 123 Anywhere Lane Richmond, VA 23333 4444	2. AGENCY/DIVISION/BRANCH FSA/Virginia/Administrative	
3. EMPLOYEE'S OFFICIAL DUTY STATION, CITY, AND STATE Richmond, VA	4. FLEXIPLACE COORDINATOR'S NAME AND TELEPHONE NO. Susan C. Brown (202) 418-9039	
5. ALTERNATE WORKSITE ADDRESS 123 Anywhere Lane Richmond, VA 44444	6. DESCRIBE THE LOCATION OF DESIGNATED WORK AREA (if worksite in participant's home.) Home	
PART B - CHECKLIST ITEMS		
<i>The following checklist is designed to assess the overall safety of the alternate worksite. Read, complete, and submit this form. 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.</i>		
MARK "NA" IF NOT APPLICABLE	YES	NO
7. Is the space free of indoor air quality problems, and the space adequately ventilated?	<input checked="" type="checkbox"/>	
8. Is the space free of noise hazards (in excess of 85 decibels)?	<input checked="" type="checkbox"/>	
9. Is there a potable (drinkable) water supply?	<input checked="" type="checkbox"/>	
10. In working at home, are you in compliance with municipal codes? Homeowner Association?	<input checked="" type="checkbox"/>	
11. Are lavatories available with hot and cold running water?	<input checked="" type="checkbox"/>	
12. Are all stairs with 4 or more steps equipped with handrails?	<input checked="" type="checkbox"/>	
13. Are all circuit breakers and/or fuses in the electrical panel labeled?	<input checked="" type="checkbox"/>	
14. Do circuit breakers clearly indicate if they are in the open or closed position?	<input checked="" type="checkbox"/>	
15. Is all electrical equipment free of recognized hazards that would cause physical harm (frayed or loose wires, bare conductors, exposed wires)?	<input checked="" type="checkbox"/>	
16. Will the building's electrical system permit the grounding of electrical equipment?	<input checked="" type="checkbox"/>	
17. Are aisles, doorways, and corners free of obstructions to permit visibility and movement?	<input checked="" type="checkbox"/>	
18. Are file cabinets and storage closets arranged so drawers and doors do not open into walkways?	<input checked="" type="checkbox"/>	
19. Do chairs have any loose casters (wheels)? Are the rungs and legs of chairs sturdy?		<input checked="" type="checkbox"/>
20. Are the phone lines, electrical cords, and extension wires secured under a desk or alongside a baseboard?	<input checked="" type="checkbox"/>	
21. Is the office space neat, clean and free of excessive amounts of combustibles?	<input checked="" type="checkbox"/>	
22. Are floor surfaces clean, dry, level, and free of worn or frayed seams?	<input checked="" type="checkbox"/>	
23. Are carpets well secured to the floor, and free of frayed or worn areas?	<input checked="" type="checkbox"/>	
24. EMPLOYEE'S SIGNATURE	DATE	
25. 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.		
<small>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.</small>		

FSA-13-C, Local Area Network (LAN) Dial-In Access Authorization

Example of FSA-13-C

The following is an example of a completed FSA-13-C.

FSA-13-C (12-10-02)		U.S. DEPARTMENT OF AGRICULTURE Farm Service Agency LOCAL AREA NETWORK (LAN) REMOTE ACCESS AUTHORIZATION FORM		INSTRUCTIONS: Please complete a separate form for each employee.		1. REQUEST DATE 5/1/2003	
				2. REQUEST TYPE <input checked="" type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Change			
PART A - EMPLOYEE INFORMATION							
3. EMPLOYEE NAME Jane S. Doe		4. SOCIAL SECURITY NO. 999-99-9999		5. EMPLOYEE TYPE <input type="checkbox"/> FSA-KC <input type="checkbox"/> FSA-St. Louis <input type="checkbox"/> Contractor (Specify) ↓ <input checked="" type="checkbox"/> Other (Specify) ↓ Location Name		6. CURRENT LOGONID (if one assigned) CCE Login ID	
7. OFFICE Required		8. DIVISION		9. BRANCH		10. PHONE NO. (Show area code) (555) 550-0055	
						11. FAX NO. (Show area code) (555) 500-5500	
12. LIST BUSINESS REASONS FOR REMOTE ACCESS REQUEST Requires justification for needed access, and a listing all systems required.				13. HOME ADDRESS & TELEPHONE NO. (Optional) () -			
12a. START DATE 06/01/03		12b. EXPIRATION DATE 1/ 12/31/09					
PART B - DATA SECURITY REQUIREMENTS ACKNOWLEDGMENT							
1/ Dial-in access privileges automatically terminate on the expiration date specified above.							
The data maintained on the agencies' LANs contain critical and sensitive information subject to the provisions of the Privacy Act of 1974, other Federal laws, agency and USDA regulations. Users of these resources are responsible for protecting and safeguarding the data and information resources from unauthorized access and disclosure.							
<ul style="list-style-type: none"> • Hardware, software, communications, systems, data and information resources accessed and retrieved from agency LANs will not be given or disclosed to any unauthorized person. • Access and use of LAN, systems, data and information resources must be approved and authorized by your immediate supervisor and will be for official government use only. • Your user identification and password for the LAN and systems shall not be shared, disclosed, or transferred to anyone. • Failure to follow these basic security procedures may result in an investigation by appropriate agency and USDA officials, including the Office of the Inspector General. • Any person who violates or abuses agency and USDA regulations and these security procedures may be subject to disciplinary action, including dismissal. 							
I hereby acknowledge that I have read and understand these data security requirements. I agree to comply with them and to access only the LAN, data, systems, software, and information resources that have been authorized and approved by my supervisor for official government use only .							
14. USER'S SIGNATURE						15. DATE	
PART C - APPROVAL AUTHORITIES (Please print name and sign)							
16. USER'S SUPERVISOR/MANAGER						17. WORK PHONE () -	
18. TITLE			19. SUPERVISOR/MANAGER SIGNATURE			20. DATE	
21. INFORMATION SYSTEMS SECURITY OFFICER SIGNATURE						22. DATE	
PART D - ACTIONS COMPLETED							
23. LAN SYSTEM ADMINISTRATOR SIGNATURE						24. DATE	
25. REMARKS							
SUBMIT REQUEST FORM TO : KCITSTO-Information Systems Security Office, Mail Stop 9198, P.O. Box 419205, Kansas City, MO 64141-6205							