

REE Telework Agreement (for Pandemic Influenza Only)

The following is an agreement between the Human Resources Division and the employee named below.

Name: _____ Title: _____ Grade/Series: _____

Unit/Division/Location and/or Branch: _____

Are you a supervisor? Yes No Work Schedule: Full-Time Part-time

Type of agreement: Pandemic

Telework start date: _____; end date: _____.

Employee's official duty station address:

Employee's alternative worksite address:

Please provide a detailed description of the designated work area, including where the home office is located.

Telephone number that will be published to internal/external customers when calling the teleworker:
_____ (typically the work number of the official duty station)

Telework telephone number (not the office phone number) where the requesting employee can be reached in the event an urgent matter arises: _____

Please check how you obtain your internet connection at the telework location (check one):

DSL Cable Modem Telephone Modem

(if checked, must provide second line phone number below . This may be a cell phone)

Employee's tour of duty at the official duty station will be:
from _____ to _____ on the following day(s):
Monday Tuesday Wednesday Thursday Friday

Employee's tour of duty at the alternative worksite will be:
from _____ to _____ on the following day(s):
Monday Tuesday Wednesday Thursday Friday

Employee has been issued the following Agency equipment:

An REE-1 (Exhibit 4) has been completed for each item. Yes

The teleworker agrees with the following statements:

- I have read P&P 402.5, The REE Telework Program, and have participated in either formal or informal training.
- By participating in this program, I do not relinquish any entitlement to reimbursement for authorized expenses incurred while conducting business for the government as provided for by statute and implementing regulations.
- I will complete all assigned work according to work procedures mutually agreed upon with my supervisor and according to guidelines and standards stated in my performance plan.
- I will adhere to P&P 158.1, Freedom of Information Act and Privacy Act Guidelines, with respect to the safeguarding and the release of information.
- I certify that my work area at my alternative worksite is safe and free of obstructions and hazardous materials.
- I agree to perform only officially assigned duties at the alternative worksite. I understand that failure to comply with this provision may result in loss of pay, termination of the telework agreement, and/or other appropriate disciplinary action.
- My supervisor and I have discussed, and I understand I **have been** designated as a mission critical and/or exigency employee. When necessary, I will be required to continue operations from my alternative worksite in the event of a pandemic. I may also be required to perform specific tasks that are not outlined in my current position description, but have the knowledge and skills to perform.

Special Note: Employees identified as exigency employees under this agreement are for the purposes of teleworking during a pandemic only. Depending on the nature of the work, exigency employees identified as a condition of employment may or may not be eligible to telework.

The immediate supervisor of the teleworker agrees with the following statements:

- The employee's current performance plan contains performance standards covering work completed at the official duty station as well as at the alternative worksite.

- Employee's job performance will be periodically evaluated throughout the duration of this telework agreement to ensure that the arrangement is working.

- Policies and procedures covering classified data, IT security, and P&P 158.1, Freedom of Information Act and Privacy Act Guidelines, have been discussed and are clearly understood.

- I have informed the employee that he/she **has been** identified as mission critical and/or an exigency employee requiring them to continue operations at their alternative work site as needed in the event of a pandemic.

Special Note: Employees identified as exigency employees under this agreement are for the purposes of teleworking during a pandemic only. Depending on the nature of the work, exigency employees identified as a condition of employment may or may not be eligible to telework.

Employee's Signature Date

Team Leader/Section Head Date

Supervisor's Signature Date

Approving Official Date

In the space below, please provide any additional comments, explanations, and/or provisions that have been established by the employee and/or supervisor during the period of the agreement.

Immediate Supervisor N/A

Employee N/A