USDA-RD Form RD 2045-10 (Rev. 08-04)

## TELECOMMUTING ANNUAL RE-CERTIFICATION

Employee's Name	Supervisor's Name		
Type Of Telecommuting: Regular Regular - days per week/pay period; M	Ad hoc  [edical consult with T	Medical Selecommuting Coo	ordinator for details
For regularly scheduled Telecommuting participants, lis	t the employee's establi		
the last row if the work site is at the office (0) or the Tel		TD XX 1	TI II.
Mon Tues Wed Thurs Hour	Fri Mon	Tues Wed	Thurs Fri
Start			
End			
Site			
The following checklist is designed to help you assess a arrangement.	n employee's eligibility	to continue in the	
Do the work assignments of the employee's cur position warrant continued participation?	rent No	Yes	
2. Is the employee's most recent performance ratin Fully Successful or higher?	ng No	Yes	
3. Does the employee demonstrate the ability to work independently?	☐ No	Yes	
4. Is the employee able to maintain the quality and quantity of his or her work?	☐ No	Yes	
Approved Disapproved: <b>REASON:</b>			
	. ,,		
I have reviewed and discussed the re-certification criteri	a and decision with the	e employee.  Date:	
Supervisor's Signature:		Date.	
Employee's Signature:		Date:	
Distribution  If approved: Original-Attach to the original telecommuting agreeme	nt	If disapproved: Original-Employ Copy to-Emplo	vee yee's Supervisor

Copy to-Employee's Supervisor Servicing Personnel Office Servicing Personnel Office