

TELEWORK AGREEMENT FORM

Privacy Act Statement: Under the authority of the Peace Corps Act, 22 U.S.C. §§2501 *et seq.* and the Telework Enhancement Act of 2010, Pub. L. No. 111-292, 124 Stat. 3165 (2010), 5 USC §101 note, the Peace Corps may collect this information for the purposes of implementing its telework program. The Peace Corps intends to maintain information provided on this form as part of the required telework agreement permitting the employee to telework. Supplying this information is voluntary but required in order to telework. This information is subject to the Privacy Act.

Employee Name: _____

Position: _____

Office: _____

Business Telephone: _____

Agreement Type: Non-Recurring (one-time) _____ Recurring _____ Unscheduled _____

Alternate work station (address): _____

Alternate work station telephone: _____

Alternate work station cell phone* : _____

Alternate work station fax* : _____

Alternate work station email* : _____

Proposed dates at alternate work station: _____

Proposed hours of duty at alternate work station: _____

Work assignments to be completed at alternate work station: _____

Reason for telework request: _____

The employee will contact/report to his/her supervisor in the following way and on the following schedule: _____

* If applicable.

The employee will retrieve [] voicemail and/or [] email at least _____ times per day.

The Peace Corps will provide the employee with the following equipment/furniture for use at the alternate work station * : _____

The following additional equipment/furniture will be provided by the employee * : _____

This specific Telework Agreement is entered into by the employee, the supervisor, and the Approving Official. Each party certifies that he or she has read Manual Section 632 in its entirety and agrees to abide by the policies and procedures established therein. The employee also certifies that he or she has successfully completed the interactive telework training program.

I hereby request approval of the above detailed Telework Agreement.

Employee Signature _____
Date

I hereby [] recommend approval/ [] do not recommend approval of the above detailed Telework Agreement.

Supervisor Name and Title: _____

Supervisor Signature _____
Date

I hereby [] approve/ [] do not approve the above detailed Telework Agreement.

Approving Official Name and Title: _____

Approving Official Signature _____
Date

If this Telework Agreement is terminated early, M/HRM shall attach a description of who terminated the Agreement, the date, and the reasons for the termination.