

## TELEWORK REQUEST AND APPROVAL FORM

1. EMPLOYEE	2. ORGANIZATION	3. JOB TITLE
4. GRADE AND JOB SERIES	5. PHONE NUMBER	6. Last Performance Evaluation Rating

7. DESCRIPTION OF WORK TO BE PERFORMED:

  
  
  
  
  
  
  
  
  
  

8. DESCRIPTION OF OUTPUTS:

  
  
  
  
  
  
  
  
  
  

9. BENEFITS FOR EMPLOYEE AND THE EMPLOYER (CHECK ALL THAT APPLY);

<input type="checkbox"/> Improved Productivity	<input type="checkbox"/> Reduced Commuting Cost
<input type="checkbox"/> Improved Morale	<input type="checkbox"/> Workspace Availability
<input type="checkbox"/> Incentive to remain with DLA	<input type="checkbox"/> Reduced Parking
<input type="checkbox"/> Environmental Concerns	<input type="checkbox"/> Promoting DLA as an Employer
<input type="checkbox"/> Improved Job Access	<input type="checkbox"/> Other (Specify below)

9a. Specify Other Benefits:

  
  
  
  
  
  
  
  
  
  

10. EQUIPMENT AND SOFTWARE REQUIRED:

  
  
  
  
  
  
  
  
  
  

11. NUMBER OF COMMUTER MILES SAVED PER TELEWORK DAY:	
12. START DATE	13. END DATE

**14. IF REGULAR AND RECURRING**

a. TELEWORK TOUR OF DUTY (e.g., 8:30 A.M. - 5:00 P.M., including a one-half hour lunch period.) From: _____ To: _____		b. Day(s) of the week employee will telework:
c. Number of Days per Week Telework is Recommended: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		e. ALTERNATE WORK SITE ADDRESS:
d. SELECT SCHEDULE TYPE: <input type="checkbox"/> Fixed schedule in accordance with local guidance and/or collective bargaining agreement. <input type="checkbox"/> Flexitime in accordance with local guidance and/or collective bargaining agreement. <input type="checkbox"/> AWS in accordance with local guidance and/or collective bargaining agreement.		

**15. IF PERIODIC OR INTERMITTENT**

a. TELEWORK TOUR OF DUTY (e.g., 8:30 A.M. - 5:00 P.M., including a one-half hour lunch period.) From: _____ To: _____		b. Dates employee will telework:
c. Number of Days per Week Telework is Recommended: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		e. ALTERNATIVE WORK SITE ADDRESS:
d. SELECT SCHEDULE TYPE: <input type="checkbox"/> Fixed schedule in accordance with local guidance and/or collective bargaining agreement. <input type="checkbox"/> Flexitime in accordance with local guidance and/or collective bargaining agreement. <input type="checkbox"/> AWS in accordance with local guidance and/or collective bargaining agreement.		

**16. SIGNATURES AND RECOMMENDATION**

a. EMPLOYEE'S SIGNATURE	b. DATE
c. SUPERVISOR'S SIGNATURE	d. DATE
e. SUPERVISOR'S RECOMMENDATION      Number of Days per Week Telework is Recommended: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	

**17. APPROVAL**

a.	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved (Explaining reason below.)	Number of Days per Week Telework is Authorized: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
b. APPROVING OFFICIAL	c. DATE	

d. REASON FOR DISAPPROVAL:

**PRIVACY ACT STATEMENT**

**AUTHORITY:** Public Law 106-346, Sec. 359, Transportation Appropriations Act, 2001 (Telecommuting).

**PRINCIPAL PURPOSE(S):** Information is collected to register individuals as participants in the DLA alternate workplace program; to manage and document the duties of participants; and to fund, evaluate and report on program activity. The records may be used by Information Technology offices for determining equipment and software needs; for ensuring appropriate system safeguards are in place, and for managing technological risks and vulnerabilities.

**ROUTINE USES:** Information may be disclosed for any of the Routine Uses published by DLA and posted at [http://www.defenseink.mil/privacy/notices/dla/dla\\_preamble.html](http://www.defenseink.mil/privacy/notices/dla/dla_preamble.html).

**DISCLOSURE:** Disclosure is voluntary. However, failure to provide the requested information may result in our inability to include you as a participant in the alternate workplace program.

DLA PRIVACY ACT SYSTEM NOTICE S330.10 APPLIES