

**TELEWORK AGREEMENT
HEADQUARTERS, DEPARTMENT OF THE ARMY**

For use of this form, see DA Memo 690-8; the proponent agency is OAA.

PRIVACY ACT STATEMENT

AUTHORITY: Public Law 106-346, Sec. 359, Department of Transportation and Related Agency Appropriations Act of FY 2001.

PRINCIPAL PURPOSE: Information is collected to register individuals as participants in the HQDA Telework 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 Management Officers (IMOs) for determining equipment and needs; for ensuring appropriate systems safeguards are in place, and for managing technological risks and vulnerabilities.

DISCLOSURE: Disclosure is voluntary. However, failure to provide the required information may result in your inability to be a participant in the Telework Program.

EMPLOYEE INFORMATION

1. NAME <i>(Last, First, MI)</i>	2. JOB TITLE
3. PAY PLAN/SERIES	4. ORGANIZATION

5. TRADITIONAL OFFICIAL WORK SITE:	7. TELEWORK IMPLEMENTATION DATES*	
	a. DATE TELEWORK BEGINS (YYYYMMDD)	b. DATE TELEWORK ENDS (YYYYMMDD)*
	* Unless terminated sooner. Agreement should be revalidated every 12 months.	
8. THE EMPLOYEE'S ALTERNATIVE WORKSITE IS:		
<input type="checkbox"/> Home or Office Work Area <input type="checkbox"/> GSA Telecenter <input type="checkbox"/> Other Approved Alternative		

6. TYPE OF TELEWORK EMPLOYEE REQUESTS <input type="checkbox"/> Regular/Recurring Telework (Regularly Work at Least 2 Days a Biweekly Period at the Alternative Worksite) <input type="checkbox"/> Ad Hoc (Occasional, One-Time, or Irregular Basis).	a. ALTERNATIVE WORKSITE ADDRESS:	b. PHONE:
	c. FAX:	
	d. E-MAIL:	

9. NUMBER OF DAYS EMPLOYEE WILL TELEWORK	10. TELEWORK TOUR OF DUTY <i>(e.g., 8:30 a.m. - 5:00 p.m.)</i> From: To:	11. DAY(S) OF WEEK EMPLOYEE TELEWORKS: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday
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a. DAY	b. WEEK ONE	c. WEEK TWO	12. WORK SCHEDULE		f. DUTY HOURS
			d. FIXED (F) OR ALTERNATE (A)	e. FLEXIBLE (FWS) OR COMPRESSED (CWS)	
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					

g. WORK SCHEDULE COMMENTS:

13.

SAFETY CHECKLIST

This checklist is used in assessing the overall safety of the alternative worksite.

a.	WORKPLACE ENVIRONMENT	YES	NO
	Temperature, noise, ventilation, and lighting levels are adequate for maintaining my normal level of job performance.	<input type="checkbox"/>	<input type="checkbox"/>
	Aisles, doorways, and corners are free of obstructions and permit visibility and movement.	<input type="checkbox"/>	<input type="checkbox"/>
	File cabinets and storage closets are arranged so that drawers and doors do not enter into walkways.	<input type="checkbox"/>	<input type="checkbox"/>
	All electrical equipment is free of recognized hazards that would cause physical harm (frayed wires, bare conductors, loose wires or fixtures, exposed wiring on the ceiling or walls).	<input type="checkbox"/>	<input type="checkbox"/>
	Phone lines, electrical cords, and surge protectors are secured under a desk or alongside a baseboard.	<input type="checkbox"/>	<input type="checkbox"/>
b.	COMPUTER WORKSTATION	YES	NO
	Chair is adjustable.	<input type="checkbox"/>	<input type="checkbox"/>
	Back is adequately supported by a backrest.	<input type="checkbox"/>	<input type="checkbox"/>
	Text is easy to read on the monitor.	<input type="checkbox"/>	<input type="checkbox"/>
	The monitor screen is free of noticeable glare.	<input type="checkbox"/>	<input type="checkbox"/>
	The placement of the monitor and keyboard is adequate.	<input type="checkbox"/>	<input type="checkbox"/>
	Forearms are parallel with the floor when keying.	<input type="checkbox"/>	<input type="checkbox"/>
	Wrists are straight when keying.	<input type="checkbox"/>	<input type="checkbox"/>

14. OTHER REQUIREMENTS/COMMENTS ON ENVIRONMENT AND SAFETY OF ALTERNATIVE WORKSITE:

15. TECHNOLOGY/EQUIPMENT REQUIREMENTS FOR ALTERNATIVE WORKSITE	REQUIREMENT		OWNERSHIP	
	YES	NO	AGENCY	PERSONAL
COMPUTER EQUIPMENT				
LAPTOP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DESKTOP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PDA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ACCESS				
VPN ACCOUNT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CITRIX - WEB ACCESS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OTHER:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CONNECTIVITY				
DIAL-IN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BROADBAND	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REQUIRED ACCESS CAPABILITIES				
SHARED DRIVES (e.g., J, S, P, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E-MAIL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMPONENT INTRANET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OTHER APPLICATIONS:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OTHER EQUIPMENT/SUPPLIES				
COPIER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SCANNER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PRINTER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FAX MACHINE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CELL PHONE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PAPER SUPPLIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OTHER:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. IMO CERTIFICATION				
I hereby certify that the technology and equipment requirements set forth above are required for the performance of telework pursuant to this agreement and that the employee owns the required technology and equipment or it has been provided to the employee.				
a. IMO SIGNATURE			b. DATE (YYYYMMDD)	
SIGNATURES				
17. EMPLOYEE CERTIFICATION				
I volunteer to participate in the HQDA Telework Program as implemented in my organization. I have read the HQDA telework policies, guidelines, and procedures set forth in DA Memo 690-8. I understand that DA Memo 690-8 and its provisions apply to me. All questions I may have about telework policies, guidelines, and procedures have been answered. I agree to adhere to all applicable laws, policies, guidelines, and procedures related to telework including, but not limited to, the provisions of DA Memo 690-8.				
a. EMPLOYEE SIGNATURE			b. DATE (YYYYMMDD)	
18. SUPERVISOR'S CERTIFICATION AND SIGNATURE				
Participation in telework is subject to the terms and conditions set forth in this telework agreement and to the employee's compliance with applicable laws, policies, guidelines, and procedures related to telework.				
a. SUPERVISOR'S SIGNATURE			b. DATE (YYYYMMDD)	
<input type="checkbox"/> Recommend Telework <input type="checkbox"/> Do Not Recommend Telework				
19a. APPROVAL AUTHORITY SIGNATURE			b. DATE (YYYYMMDD)	
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved				