

**APPENDIX E**  
**TELEWORK REQUEST & WORK PERFORMANCE RECORD**

<b>I. Employee completes this section</b>	
<b>Name</b>	<b>Date of Request</b>
<b>Job Title/Grade</b>	<b>Department</b>
Specify the nature of the work option requested (including a description, proposed schedule, total weekly hours, and proposed duration)	
How will your proposed off-site schedule sustain or enhance ability to get the job done?	
Discuss the potential problems that your changed schedule could create and how you suggest overcoming them with each of the following groups? a) customers; b) co-workers; c) your supervisor	
If applicable, describe any additional equipment/expense that your arrangement might require.	
Detail any short (less than 4 mos.) or long-term (4 mos. or more) cost savings to the Government that might result from your schedule.	

What reasonable work products and evaluation criteria would you propose for you and your supervisor to assess how your performance is meeting or exceeding expectations? (Think about whether your Performance Work Plan (TAPES) is sufficient or if it needs to be revised).

How frequently do you propose progress be monitored?

II. First Line Supervisor or Department Head completes this section. Upon completion, one signed copy should be given to the employee, one copy forwarded to the Administrative Officer, and the original retained in your files.

Request for a Flexible Work Option is:

approved as requested       modified and approved  
 declined

If modified or declined this request, please explain why:

DPEO Concurrence

Date

Manager's Signature

Date

Employee's Signature

Date

Beginning Date of Telework

Ending Date of Telework

To be filled out at the completion of  
Telwork by the Supervisor:

Date

Was scheduled work completed to the  
Supervisor's satisfaction?

Yes \_\_\_ No \_\_\_

Enclosure 1

